

IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF FLORIDA
CASE NO. 24-CR-20188

UNITED STATES OF AMERICA,
Plaintiff,

vs.

CARLOS ANDRES VELEZ
Defendant.

_____/

SENTENCING MEMORANDUM

Defendant, CARLOS ANDRES VELEZ, pursuant to Fed. R. Crim. P. 32, as well as the Federal Sentencing Guidelines, files his Sentencing Memorandum and Motion for Memorandum of Law for this Honorable Court to consider at the time of Sentencing.

In support of this Motion the Defendant states the following:

Legal Framework

The United States Supreme Court has determined that a district court is vested with broad discretion to depart from the advisory guidelines and may only be

reserved for abuse of discretion. *Koon v. U.S.*, 116 S.Ct. 2035 (1996). Under 18 U.S.C. Statute 3553(b), the sentencing court may impose a sentence outside the range established by the applicable guidelines if the court finds “that there exists an aggravating or mitigating circumstance of a kind, or to a degree, not adequately taken into consideration by the Sentencing Commission in formulating the guidelines that should result in a sentence different from that described.” U.S.S.G Section 5K2.0. The guidelines also “explicitly acknowledge that a combination or aggregation of factors could distinguish a case from the ‘heartland’ of cases.” *U.S. v. Coleman*, 188 F.3d 354 (6th Cir.1999) (en banc); 5K2.0, commentary; *See also* U.S.S.G. Chapter 1, Part A Introduction 4 (b) (Policy Statement) Departures and 5K2.0, Grounds for Departure (Policy Statement).

While the Guidelines forbid the consideration of only a handful of factors (such as race, sex, national origin, creed, religion, socioeconomic status, lack of guidance as a youth, drug or alcohol abuse, and financial difficulties), it does not restrict the number of factors a court can consider when deciding whether to depart from the prescribed sentencing range. *Burns v. U.S.*, 111 S.Ct. 2182 (1991). An aggregation of factors may warrant downward departure from sentencing guidelines, by taking a case out of the “heartland” of typical cases. *U.S. v Stewart*, 154 F. Supp.2d 1336 (E.D. Tenn. 2001); U.S.S.G. 5K2.0 (commentary). In fact, pursuant to *Koon*, and its progeny, the district court is required to consider the particular fac-

tors of the case and any combination thereof, in determining whether there were sufficient extraordinary factors to take the case out of the “heartland.” *U.S. vs. Coleman*, 183 F.3d 354 (6th Cir. 1999).

The decision as to whether—and to what extent—departure is warranted rests with the sentencing court on a case-specific basis. As *Koon* explained, the guidelines recognize the wisdom, and even the necessity, of sentencing procedures that consider individual circumstances. For these reasons, a combination of permissible factors—those mentioned or unmentioned, encouraged or discouraged in the guidelines (so long as not expressly prohibited)—may converge in a case and take the case outside of the guidelines’ heartland.

In a case, such as the one involving Defendant Velez, the court has significant discretion in deciding whether to depart from the established advisory sentencing range. *Koon* teaches that a sentencing court must “consider every convicted person as an individual and every case as a unique study in human failings that sometimes mitigate the crime and punishment to ensue.” *Koon*, 116 S. Ct. at 2054.

In *Jones*, the district court, relying on a comment in the U.S.S.G. 5K2.0, departed downward, finding that a combination of eleven factors warranted departure. *United States v. Jones*, 158 F. 3d 492 (10th Cir. 1998). On appeal, the government argued that each of the grounds relied upon by the district court were impermissible individually, and thus, even a combination of “wholly inadequate” factors

could not justify a departure. In affirming the district court's sentencing decision to depart downward, the Tenth Circuit applied the four-prong analysis in *Koon* to determine whether the district court properly departed downward.

After such an analysis, the court rejected the government's argument, finding that "a factor may be considered in the aggregate if it is 'atypical,' even though it may not be sufficient, in and of itself, to support a departure." *Id.* at 499. Moreover, the procedural requirements regarding the consideration of factors now have been readdressed by the United States Supreme Court in two decisive cases. First, *Booker* rendered the guidelines advisory and limited appellate review of sentencing decisions to determine whether they are "reasonable" under an abuse of discretion standard. *United States v. Booker*, 543 US 2320 (2005). Thereafter, in *Gall*, the Court reiterated that the guidelines are not the only consideration in sentencing, but merely a starting point. *Gall vs. United States*, 552 US 38 (2007). The court may not presume that the guidelines range is reasonable but must make an individualized assessment based upon the facts presented: the court should consider all the 18 U.S.C 3553 (a) factors to determine whether they support either party's proposal for sentencing.

Pursuant to *Booker*, the federal sentencing process has now adopted a three-step approach. *United States v. Booker*, 543 U.S. 220, 125 S.Ct. 738 (2005). First, the court is to determine the advisory guideline range. *Id.* Second, the court is to

consider if there are any factors that may warrant a departure from the advisory guideline range. *Id.* Per *Booker*, the Court is to depart when it is warranted under the facts and circumstances of a case. *Id.* Moreover, “[t]he application of the guidelines is not complete until the departures, if any, that are warranted are appropriately considered.”

We would ask this Court to consider the following factors when determining the appropriate sentence for Velez.

Carlos Velez is a decorated veteran of the United States Army: he served with honor, loyalty and heroism for over a decade. This service included deployment to active war zones. A compilation of his decorations, citations, and campaign ribbons while serving his country are attached as Exhibit A.

Due to the extreme hardships associated with combat stressors—which, for Velez, included witnessing a rocket attack that resulted in deaths while deployed in Afghanistan in 2012—Velez was designated as a permanent disability retiree with a 100% rating in 2014. Velez also was diagnosed with PTSD due to Military Sexual Trauma. Since being home, Velez struggled, as many of our armed service veterans do: he used alcohol and drugs to self medicate. Luckily, he was able to pause the self medication and created a wonderful life with his wife and fathered two fantastic children.

His Army Release Records and VA Medical Records are attached as Exhibits B and C.

The Supreme Court makes it crystal clear that, “the Guidelines should be the starting point and the initial benchmark, but sentencing courts may impose a sentence within statutory limits based on appropriate consideration of all the factors listed in 3553 (a). We believe that a substantial variance is appropriate here.

**VELEZ MEETS THE CRITERIA OUTLINED IN TITLE 18 U.S.C
SECTION 3553(a) FOR A VARIANCE**

Velez asks the Courts to consider the above factors outline in 18 U.S.C Section 3553 (a) to allow the court to impose a sentence sufficient, but not greater than necessary. The court, in determining the particular sentence to be imposed shall consider:

(a)FACTORS TO BE CONSIDERED IN IMPOSING A SENTENCE.

The court shall impose a sentence sufficient, but not greater than necessary, to comply with the purposes set forth in paragraph (2) of this subsection. The court, in determining the particular sentence to be imposed, shall consider -

- (1) the nature and circumstances of the offense and the history and characteristics of the defendant.
- (2) the need for the sentence imposed—

(A) to reflect the seriousness of the offense, to promote respect for the law, and to provide just punishment for the offense;

(B) to afford adequate deterrence to criminal conduct;

(C) to protect the public from further crimes of the defendant; and

(D) to provide the defendant with needed educational or vocational training, medical care, or other correctional treatment in the most effective manner;

(3) the kinds of sentences available;

(4) the kinds of sentence and the sentencing range established for—

(A) the applicable category of offense committed by the applicable category of defendant as set forth in the guidelines—

(i) issued by the Sentencing Commission pursuant to section 994 (a) (1) of title 28, United States Code, subject to any amendments made to such guidelines by act of Congress (regardless of whether such amendments have yet to be incorporated by the Sentencing Commission into amendments issued under section 994 (p) of title 28); and

(ii) that, except as provided in section 3742(g), are in effect on the date the defendant is sentenced; or

(B) in the case of a violation of probation or supervised release, the applicable guidelines or policy statements issued by the Sentencing Commission pursuant to section 994 (a)(2) of title 28, United States Code, taking into account any amendments made to such guidelines or policy statements

by act of Congress (regardless of whether such amendments have yet to be incorporated by the Sentencing Commission into amendments issued under section 994 (p) of title 28;

(5) any pertinent policy statement—

(A) issued by the Sentencing Commission pursuant to section 994 (a)(2) of title 28, United States Code, subject to any amendments made to such policy statement by act of Congress (regardless of whether such amendments have yet to be incorporated by the Sentencing Commission into amendments issued under section 994 (p) of title 28); and

(B) that, except as provided in section 3742(g), is in effect on the date the defendant is sentenced.

(6) the need to avoid unwarranted sentence disparities among defendants with similar records who have been found guilty of similar conduct; and

(7) the need to provide restitution to any victims of the offense.

Velez and his undersigned counsel, reserves the right to make arguments at sentencing regarding sentencing. Lastly attached to this Memorandum are letters in support of Velez as Exhibit D.

Wherefore, the Defendant prays that this Honorable Court consider all the arguments above and grant a variance at sentencing.

Respectfully submitted,

SAAM ZANGENEH, P.A.

14 Northeast 1st Avenue, Suite 300

Miami, Florida 33132

Telephone: (305) 441-2333

Facsimile: (305) 908-8693

Email: saam@zangenehlaw.com

/s/ **Saam Zangeneh**

By: Saam Zangeneh, Esq.

Fla. Bar No.: 526721

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing has been electronically filed this 31st day of July, 2025, with the Clerk of Court through CM/ECF.

/s/ **Saam Zangeneh**

Saam Zangeneh, Esq.

EXHIBIT A

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY					
This Report Contains Information Subject to the Privacy Act of 1974, As Amended.					
1. NAME (Last, First, Middle) VELEZ, CARLOS ANDRES		2. DEPARTMENT, COMPONENT AND BRANCH ARMY/USAR		3. SOCIAL SECURITY NUMBER 127 68 1439	
4a. GRADE, RATE OR RANK PFC	b. PAY GRADE E03	5. DATE OF BIRTH (YYYYMMDD) 19840322	6. RESERVE OBLIGATION TERMINATION DATE (YYYYMMDD) 20161204		
7a. PLACE OF ENTRY INTO ACTIVE DUTY ORANGEBURG, NEW YORK		b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) 44-30 MACNISH ST APT 2K ELMHURST NEW YORK 11373			
8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 0668ENPLT A3 VERT CON FC			b. STATION WHERE SEPARATED FORT BLISS TC, TX 79916-6816		
9. COMMAND TO WHICH TRANSFERRED 668 EN CO 3 PLT (VERT CONS), 123 ROUTE 303, ORANGEBURG, NY 10962			10. SGLI COVERAGE AMOUNT: \$ 400,000.00		
11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.) 12W10 CARPENTRY AND MASONRY - 1 YRS 1 MOS// NOTHING FOLLOWS		12. RECORD OF SERVICE		YEAR(S)	MONTH(S)
		a. DATE ENTERED AD THIS PERIOD		2011	11
		b. SEPARATION DATE THIS PERIOD		2012	12
		c. NET ACTIVE SERVICE THIS PERIOD		0001	01
		d. TOTAL PRIOR ACTIVE SERVICE		0000	04
		e. TOTAL PRIOR INACTIVE SERVICE		0002	06
		f. FOREIGN SERVICE		0000	10
		g. SEA SERVICE		0000	00
		h. INITIAL ENTRY TRAINING		0000	00
i. EFFECTIVE DATE OF PAY GRADE		2011	06	01	
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) AFGHANISTAN CAMPAIGN MEDAL W/ CAMPAIGN STAR //ARMY COMMENDATION MEDAL//ARMY ACHIEVEMENT MEDAL//ARMY RESERVE COMPONENTS ACHIEVEMENT MEDAL//NATIONAL DEFENSE SERVICE MEDAL// GLOBAL WAR ON TERRORISM SERVICE MEDAL//ARMY SERVICE RIBBON//OVERSEAS SERVICE RIBBON// ARMED FORCES RESERVE MEDAL//CONT IN BLOCK 18		14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) NONE//NOTHING FOLLOWS			
15a. COMMISSIONED THROUGH SERVICE ACADEMY			YES	X	NO
b. COMMISSIONED THROUGH ROTC SCHOLARSHIP (10 USC Sec. 2107b)			YES	X	NO
c. ENLISTED UNDER LOAN REPAYMENT PROGRAM (10 USC Chap. 109) (If Yes, years of commitment: 6)		X	YES		NO
16. DAYS ACCRUED LEAVE PAID 0	17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION			YES	NO
18. REMARKS SERVED IN A DESIGNATED IMMINENT DANGER PAY AREA//SERVICE IN KYRGYZSTAN/AFGHANISTAN 20111220-20121030//ITEM 12D ABOVE DOES NOT ACCOUNT FOR ANNUAL AND/OR WEEKEND TRAINING THIS SOLDIER MAY HAVE ACCOMPLISHED PRIOR TO DATE ENTERED IN ITEM 12A//INDIVIDUAL COMPLETED PERIOD FOR WHICH ORDERED TO ACTIVE DUTY FOR PURPOSE OF POST SERVICE BENEFITS AND ENTITLEMENTS//ORDERED TO ACTIVE DUTY IN SUPPORT OF OPERATION ENDURING FREEDOM IAW 10 USC 12302//MEMBER HAS COMPLETED FIRST FULL TERM OF SERVICE//PDMRA LEAVE: 20121113-20121114//CONT FROM BLOCK 13: W/ M DEVICE//NATO MEDAL//NOTHING FOLLOWS The information contained herein is subject to computer matching within the Department of Defense or with any other affected Federal or non-Federal agency for verification purposes and to determine eligibility for, and/or continued compliance with, the requirements of a Federal benefit program.					
19a. MAILING ADDRESS AFTER SEPARATION (Include ZIP Code) 44-30 MACNISH ST APT 2K ELMHURST NEW YORK 11373		b. NEAREST RELATIVE (Name and address - include ZIP Code) GLADYS GUEVRA 44-30 MACNISH ST APT 2K ELMHURST NEW YORK 11373			
20. MEMBER REQUESTS COPY 6 BE SENT TO (Specify state/locality) NY		OFFICE OF VETERANS AFFAIRS		X	YES
a. MEMBER REQUESTS COPY 3 BE SENT TO THE CENTRAL OFFICE OF THE DEPARTMENT OF VETERANS AFFAIRS (WASHINGTON, DC)				X	YES
21.a. MEMBER SIGNATURE ESIGNED BY: VELEZ.CARLOS .ANDRES.1379160090		b. DATE (YYYYMMDD) 20121107	22.a. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title, signature) ESIGNED BY: WILLIAMS.BRANDON.BARNELL.1097259522 BRANDON P WILLIAMS, ASST. TEAM LEAD		b. DATE (YYYYMMDD) 20121107

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)		
23. TYPE OF SEPARATION RELEASE FROM ACTIVE DUTY		24. CHARACTER OF SERVICE (Include upgrades) HONORABLE
25. SEPARATION AUTHORITY AR 635-200, CHAP 4	26. SEPARATION CODE MBK	27. REENTRY CODE NA
28. NARRATIVE REASON FOR SEPARATION COMPLETION OF REQUIRED ACTIVE SERVICE		
29. DATES OF TIME LOST DURING THIS PERIOD (YYYYMMDD) NONE		30. MEMBER REQUESTS COPY 4 (Initials) CAV

RECOMMENDATION FOR AWARD

For use of this form, see AR 600-8-22; the proponent agency is DCS, G-1.

For valor/heroism/wartime and all awards higher than MSM, refer to special instructions in Chapter 3, AR 600-8-22.

1. TO Commander, 411th EN BDE, JTF Empire Bagram Air Field, APO AE 09354	2. FROM COMMANDER, 668TH EN CO APO AE 09367	3. DATE (YYYYMMDD) 20120728
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PART I - SOLDIER DATA

4. NAME (Last, First, Middle Initial) VELEZ, CARLOS	5. RANK SPC	6. SSN 127-68-1439
7. ORGANIZATION 668 ENGINEER COMPANY APO AE 09367	8. PREVIOUS AWARDS NO AWARDS	
9. BRANCH OF SERVICE	10. RECOMMENDED AWARD ARCOM	11. PERIOD OF AWARD a. FROM 20111108 b. TO 20121025

12. REASON FOR AWARD

12a. INDICATE REASON SVC	12b. INTERIM AWARD IF YES, STATE AWARD GIVEN	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	12c. POSTHUMOUS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	13. PROPOSED PRESENTATION DATE (YYYYMMDD) 20121015
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PART II - RECOMMENDER DATA

14. NAME (Last, First, Middle Initial) SCOPPA, PHILIP	15. ADDRESS 668 ENGINEER COMPANY APO AE 09367
16. TITLE/POSITION SQUAD LEADER	17. RANK SGT
18. RELATIONSHIP TO AWARDEE SUPERVISOR	19. SIGNATURE SCOPPA, PHILIP JOHN, 1021705744

PART III - JUSTIFICATION AND CITATION DATA (Use specific bullet examples of meritorious acts or service)

20. ACHIEVEMENTS

ACHIEVEMENT #1

During January - March of 2012 in support of the 668th En Co SPC Velez was tasked as a 12W with the building of Combat Outpost (COP) Waghez. His knowledge and skill in his MOS greatly aided in the construction of 5 20'x40' B-huts, 1 40'x90' SEA-hut, 15 20'x32' tent decks and 7 8'x8' guard towers. All projects were completed with a high level of craftsmanship and a high level of satisfaction from the Polish Forces that were moving into COP Waghez.

ACHIEVEMENT #2

While serving at Kandahar Airfield (KAF) for operation "Office Space", SPC Velez distinguished himself by measuring and cutting over 500 pieces of 48"x96" plywood to appropriate dimensions to support the sheeting team complete their mission. In all, 25 individual office areas and a tactical operations center were built to the extreme satisfaction of the unit moving in. His efforts, including construction of jigs, angled cuts and truss assembly, added significant value in the pre-fabrication and construction of the project.

ACHIEVEMENT #3

In support of operations to build route Charlestown during May - July 2012, SPC Velez served as dismounted security on over 50 escort missions. His diligence and observational skills provided a high level of safety and security for his Platoon Leader, other US forces and local Afghan civilian contractors. SPC Velez's untiring vigilance, attention to detail, and strict enforcement of pre-combat checks ensured combat readiness of his vehicle.

ACHIEVEMENT #4

While OPCON to CTF Tomahawk ISO OPN Tuffan, SPC Velez served as a 10 ton dump driver and truck commander delivering over 1200 cubic meters of gravel along Route New Charlestown construction. This 6km of brand new road allowed CTF Tomahawk quick freedom of mobility throughout the operating environment, especially from COP Zangabad to Check Point Perozzi. His ability to maintain his vehicle fully mission capable was key in the success of the road construction.

21. PROPOSED CITATION

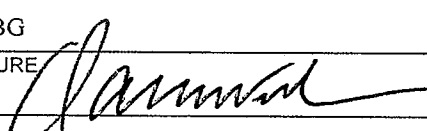
EXCEPTIONALLY MERITORIOUS SERVICE AS A 12W CARPENTER IN THE 668TH ENGINEER COMPANY WHILE DEPLOYED IN SUPPORT OF OPERATION ENDURING FREEDOM. HIS OUTSTANDING PERFORMANCE, EXPERTISE, AND DEDICATION TO DUTY GREATLY CONTRIBUTED TO THE SUCCESS OF THE UNIT'S MISSION. SPECIALIST VELEZ'S DISTINCTIVE ACCOMPLISHMENTS REFLECT GREAT CREDIT UPON HIMSELF, TF LONE STAR, JTF EMPIRE, AND THE UNITED STATES ARMY.

PART IV - RECOMMENDATIONS/APPROVAL/DISAPPROVAL

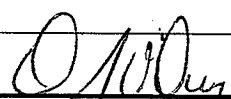
22. I certify that this individual is eligible for an award in accordance with AR 600-8-22; and that the information contained in Part I is correct.		22a. SIGNATURE CRUZ.JUAN.1027619524	22b. DATE (YYYYMMDD) 20120729
23. INTERMEDIATE AUTHORITY	a. TO COMMANDER, 980TH EN BN APO AE 09355	b. FROM COMMANDER, 668TH EN CO APO AE 09367	c. DATE (YYYYMMDD) 20120729
d. RECOMMEND: <input checked="" type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL <input type="checkbox"/> UPGRADE TO: <input type="checkbox"/> DOWNGRADE TO:			
e. NAME (Last, First, Middle Initial) MCCLURE, JOSHUA		f. RANK CPT	
g. TITLE/POSITION COMPANY COMMANDER		h. SIGNATURE MCCLURE.JOSHUA.GILBERT.114462031	
i. COMMENTS			

24. INTERMEDIATE AUTHORITY	a. TO CDR, 411TH EN BDE, JTF EMPIRE BAGRAM AF, APO AE 09354	b. FROM COMMANDER, 980TH EN BN APO AE 09355	c. DATE (YYYYMMDD) 20120820
d. RECOMMEND: <input checked="" type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL <input type="checkbox"/> UPGRADE TO: <input type="checkbox"/> DOWNGRADE TO:			
e. NAME (Last, First, Middle Initial) LOWERY, WYATT A.		f. RANK LTC	
g. TITLE/POSITION BATTALION COMMANDER		h. SIGNATURE LOWERY.WYATT.ANDREW.111578623	
i. COMMENTS			

25. INTERMEDIATE AUTHORITY	a. TO	b. FROM	c. DATE (YYYYMMDD)
d. RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL <input type="checkbox"/> UPGRADE TO: <input type="checkbox"/> DOWNGRADE TO:			
e. NAME (Last, First, Middle Initial)		f. RANK	
g. TITLE/POSITION		h. SIGNATURE	
i. COMMENTS			

26. APPROVAL AUTHORITY	a. TO ORDERS ISSUING AUTHORITY	b. FROM CDR, 411TH EN BDE, JTF EMPIRE BAGRAM AF, APO AE 09354	c. DATE (YYYYMMDD) 20120924
d. <input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED <input type="checkbox"/> RECOMMEND UPGRADE TO: <input type="checkbox"/> DOWNGRADE TO:			
e. NAME (Last, First, Middle Initial) WEEKS, DAVID L.		f. RANK BG	
g. TITLE/POSITION BRIGADE COMMANDER		h. SIGNATURE 	
i. COMMENTS			

PART V - ORDERS DATA

27a. ORDERS ISSUING HQ HQ 411TH EN BDE, JTF EMPIRE BAGRAM AF, APO AE 09354	27b. PERMANENT ORDER NO. 411-265-131	31. DISTRIBUTION 1-File 1-OMPF 1-Unit 1-Individual
28a. NAME OF ORDERS APPROVAL AUTHORITY O'DAY, DAREN J	28b. RANK MAJ	
28c. TITLE/POSITION BRIGADE ADJUTANT	29. APPROVED AWARD ARCOM	
28d. SIGNATURE 	30. DATE (YYYYMMDD) 20120924	



JOINT MULTINATIONAL READINESS CENTER
UNITED STATES ARMY, EUROPE, AND SEVENTH US ARMY
This
CERTIFICATE OF ACHIEVEMENT
is presented to

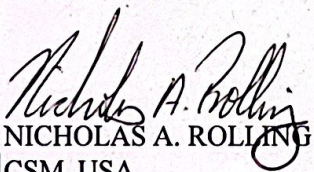
SPC Carlos A. Velez
668th EN CO (V)

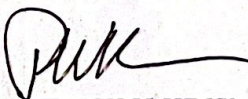
**FOR EXCEPTIONAL ACHIEVEMENT DURING THE OVERSEAS
DEPLOYMENT TRAINING IN SUPPORT OF THE JOINT
MULTINATIONAL READINESS CENTER TROOP CONSTRUCTION
PROGRAM. YOUR EFFORTS SERVE AS AN EXAMPLE FOR OTHERS TO
FOLLOW AND REFLECT GREAT CREDIT UPON YOU, THE JOINT
MULTINATIONAL READINESS CENTER, THE UNITED STATES ARMY
RESERVE AND THE UNITED STATES ARMY.**

**Thanks for your support.
TRAIN TO WIN!**

FROM 13 JULY 2014 TO 2 AUGUST 2014

THIS 1ST DAY OF AUGUST 2014


NICHOLAS A. ROLLING
CSM, USA
Command Sergeant Major


PATRICK V. KINSMAN
LTC, EN
Acting Commander





DEPARTMENT OF THE ARMY

THIS IS TO CERTIFY THAT THE SECRETARY OF THE ARMY HAS AWARDED

THE ARMY ACHIEVEMENT MEDAL

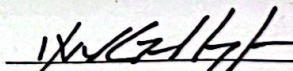
TO
SPECIALIST CARLOS A. VELEZ
668TH ENGINEER COMPANY

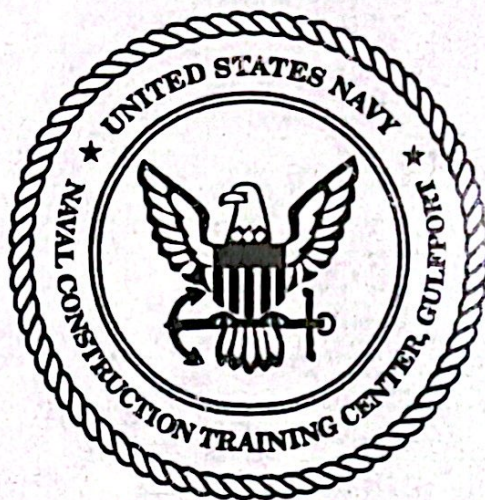
FOR SUPERIOR ACHIEVEMENT DURING THE CONSTRUCTION OF THE 1297TH NEW BATTALION HEADQUARTERS IN SUPPORT OF OPERATION ENDURING FREEDOM 2012. HIS OUTSTANDING PERFORMANCE, DEDICATION TO DUTY, AND SELFLESS SERVICE GREATLY CONTRIBUTED TO THE OVERALL MISSION ACCOMPLISHMENT. THE DISTINCT ACCOMPLISHMENTS OF SPC VELEZ REFLECT GREAT CREDIT UPON HIMSELF, 668TH ENGINEER COMPANY, THE 980TH ENGINEER BATTALION AND THE UNITED STATES ARMY.

9 APRIL 2012 TO 20 APRIL 2012

PO# 114-015, 23 April 2012
1297TH CSSB
Kandahar, Afghanistan
APO AE 09355




K. WEEDON GALLAGHER
LTC, EN
Commanding



Naval Construction Training Center Gulfport Mississippi

CERTIFICATE OF COMPLETION

Presented to
PFC CARLOS VELEZ
127-68-1439
for successful completion of
21W10 CARPENTRY/MASONRY COURSE



4 JUNE 2009
Date

MICHAEL T. BRYANT, CPT, EN COMMANDING



DEPARTMENT OF THE ARMY

THIS IS TO CERTIFY THAT THE SECRETARY OF THE ARMY HAS AWARDED THE ARMY COMMENDATION MEDAL

TO

**SPC CARLOS VELEZ
668TH EN CO, 980TH EN BN**

FOR EXCEPTIONALLY MERITORIOUS SERVICE WHILE SERVING AS A 12W WHILE DEPLOYED IN SUPPORT OF OPERATION ENDURING FREEDOM. HIS LEADERSHIP AND DEDICATION TO DUTY WERE INSTRUMENTAL TO THE UNIT'S MISSION DURING COMBAT OPERATIONS. SPC VELEZ'S ACTIONS REFLECT DISTINCT CREDIT UPON HIMSELF, THE 668TH ENGINEER COMPANY, 980TH ENGINEER BATTALION, TASK FORCE LONE STAR, 411TH ENGINEER BRIGADE, JOINT TASK FORCE EMPIRE AND THE UNITED STATES ARMY.

GIVEN UNDER MY HAND ON THIS 15TH DAY OF OCTOBER 2012

ORDER # 411-265-131

Joint Task Force Empire



DAVID L. WEEKS
Brigadier General, USA
Commanding

Warrior Leader Course

To All Who Shall See These Presents, Greetings:

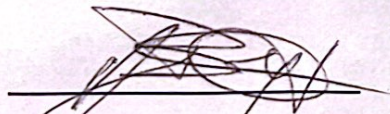
SPC CARLOS A. VELEZ


*is hereby declared a graduate of the United
States Army Noncommissioned Officer's
Warrior Leader Course*

Class 008-14

7 August – 29 August 2014




JASON BOYLES
SFC, USA
Course Manager


STEVEN D. DRYER
CSM, USA
Commandant



CERTIFICATE OF RETIREMENT

FROM THE **ARMED FORCES OF THE UNITED STATES OF AMERICA**

TO ALL WHO SHALL SEE THESE PRESENTS, GREETING:

THIS IS TO CERTIFY THAT

SPECIALIST

CARLOS A. VELEZ

HAVING SERVED FAITHFULLY AND HONORABLY

WAS RETIRED FROM THE

UNITED STATES ARMY

ON THE 24th DAY OF
JULY 2021

WASHINGTON, D.C.



A. C. M. C. H.
GENERAL, UNITED STATES ARMY
CHIEF OF STAFF



ORGANISATION DU TRAITE DE L'ATLANTIQUE NORD
NORTH ATLANTIC TREATY ORGANIZATION



*This is to Certify that
Le présent document atteste que*

OR-4

CARLOS VELEZ

*Has been awarded the Non-Article 5 NATO Medal
for service with NATO
in relation to
the ISAF Operation
during the period*

*A reçu la médaille Non-Article 5 de l'OTAN
en récompense des services rendus à l'OTAN
au titre de l'opération de
l'ISAF
au cours de la période*

01 November 2011 - 01 September 2012

Anders Fogh Rasmussen
The Secretary General
Le Secrétaire Général





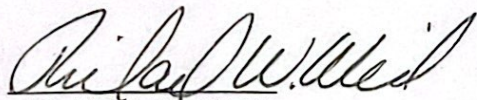
United States Army Infantry School



This Certificate of Training is presented to

PFC CARLOS A. VELEZ

192d Infantry Brigade
3d Battalion, 47th Infantry Regiment
For successful completion of Basic Training
Given this 9th day of April 2009


RICHARD W. WEIK
CSM, USA
Battalion Command Sergeant Major




JOHN F. LIGHTNER
ETC, IN
Commanding

EXHIBIT B

Name: Velez, Carlos

Date PEB Convened: 20210615

Last 4-SSN: XXX-XX-1439

INFORMAL PHYSICAL EVALUATION BOARD (PEB) PROCEEDINGS <small>For use of this form, see AR 635-40; the proponent agency is the U.S. Army Physical Disability Agency (USAPDA)</small>																		
NOTE: If Section XII of this form is not completed, the findings and recommendations have not been approved.																		
SECTION I: ADMINISTRATIVE DATA																		
LAST NAME Velez	FIRST NAME Carlos	MI A	SUFFIX	RANK PFC	SSN XXX-XX-1439	BASD/PEBD 20090122												
PMOS/BRANCH 12W10		COMPONENT/DUTY STATUS Army Reserve Drilling Member		MEB COMPLETED AT DDEAMC, Ft. Gordon, GA														
DATE PEB CONVENED 20210615	PEB COMPLETED AT JBSA		<input checked="" type="checkbox"/> Initial Informal Findings <input type="checkbox"/> Reconsideration # <input type="checkbox"/> Administrative Correction (See Section VI) # 0															
SECTION II: RECOMMENDED DISPOSITION																		
THE BOARD FINDS THE SOLDIER IS PHYSICALLY UNFIT AND RECOMMENDS A RATING OF 100% AND THAT THE SOLDIER'S DISPOSITION BE PERMANENT DISABILITY RETIREMENT.																		
SECTION III: MEDICAL CONDITIONS DETERMINED TO BE UNFITTING																		
a. Incurred or aggravated in the line of duty in a duty status authorized by 10 USC 1201(c) or 10 USC 1204. b. Due to intentional misconduct, willful neglect, or unauthorized absence. c. For pre-existing findings without aggravation: The condition was noted at time of entrance on AD; or clear and unmistakable evidence demonstrates that disability existed prior to entrance on AD and was not aggravated by active military service. <i>(Not applicable to RC adjudications under 10 USC 1204 - 10 USC 1206).</i> d. Permanent and stable.																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Disability</th> <th style="width: 5%;">a:</th> <th style="width: 5%;">b:</th> <th style="width: 5%;">c:</th> <th style="width: 5%;">d:</th> <th style="width: 20%;">Rating:</th> </tr> </thead> <tbody> <tr> <td>1 9411 Posttraumatic stress disorder. (MEB Dx 1)</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> <td style="text-align: center;">N/A</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">100%</td> </tr> </tbody> </table>							Disability	a:	b:	c:	d:	Rating:	1 9411 Posttraumatic stress disorder. (MEB Dx 1)	Y	N	N/A	Y	100%
Disability	a:	b:	c:	d:	Rating:													
1 9411 Posttraumatic stress disorder. (MEB Dx 1)	Y	N	N/A	Y	100%													
LEGACY Case: The Soldier first sought treatment for behavioral health symptoms in 2014 while CONUS. This condition is attributed to combat stressors to include witnessing a rocket attack that resulted in deaths while deployed to Kyrgyzstan/Afghanistan in 2011-2012 (V1/V3 – Yes: Direct result of armed conflict). Despite treatment with psychiatric hospitalization and psychotropic medications, duty limiting symptoms persist. IAW AR 635-40, this Soldier is unfit because the DA Form 3349, Physical Profile Record, Section 4, functional activity limitations associated with this condition make this Soldier unable to reasonably perform required duties due to symptoms of anxiety, hypervigilance, panic attacks more than once a week, chronic sleep impairment, and difficulty concentrating. The Soldier is mentally competent for pay purposes and able to understand and participate in the Physical Evaluation Board proceedings. VASRD 4.129 does not apply for re-exam purposes, the Soldier is not on Active Duty status. The Behavioral Health NARSUM states occupational and social impairment is present in most areas. However, in accordance with the most current VA Rating Decision dated 1 March 2021, a 100% rating is applied for the Soldier's PTSD. (BH NARSUM, DA 7652, DA 3349, DA 3947, DD 214 7 Nov 12, Line of Duty Memo 6 Jan 21, LDES Approval 30 Apr 21, VA Rating Decision 1 Mar 21)																		
SECTION IV: MEDICAL CONDITIONS DETERMINED NOT TO BE UNFITTING																		
SECTION V: ADMINISTRATIVE DETERMINATIONS																		
The PEB makes the following findings: 1. The disability disposition is based on disease or injury incurred in the line of duty in combat with an enemy of the United States and as a direct result of armed conflict or caused by an instrumentality of war and incurred in the line of duty during a period of war (5 USC 8332, 3502, and 6303). (This determination is made for all compensable cases but pertains to potential benefits for disability retirees employed under Federal Civil Service.) 2. Evidence of record reflects the Soldier was not a member or obligated to become a member of an armed force or Reserve thereof, or the NOAA or the USPHS on 24 September 1975. 3. The disability did result from a combat-related injury under the provisions of 26 USC 104 or 10 USC 10216.																		
SECTION VI: INSTRUCTIONS AND ADVISORY STATEMENTS																		
The voting membership of the PEB included an Officer of the Reserve Component. Although the Soldier's disability is presently rated at 100 percent, the Soldier will actually receive 75 percent of the Soldier's monthly base pay, or 75																		

Name: Velez, Carlos

Date PEB Convened: 20210615

Last 4-SSN: XXX-XX-1439

INFORMAL PHYSICAL EVALUATION BOARD (PEB) PROCEEDINGS (continued)

percent of the retired pay base depending on the Soldier's active duty entry date, unless Soldier is eligible for a higher percentage based on years of service. DFAS will calculate the Soldier's pay using the method most favorable for the Soldier.

The voting membership of the PEB included a physician.

VASRD 4.129 does not apply. The Soldier does not have a mental disorder that developed as a result of a highly stressful event that resulted in the Soldier's release from active duty.

Although your condition(s) have been determined to be combat related under the provisions of 26 USC 104 or 10 USC 10216, they may not qualify for Combat Related Special Compensation (CRSC) under DoD 7000.14-R, Vol 7b, Chapter 63.

To satisfy the determination required by Section 3 of Appendix 5 to Enclosure 3 of DoDI 1332.18 (as implemented by Section 020303 B of DoD 7000.14-5, VOL 7A), the Soldier's disability retirement is due to a disability incurred in the line of duty in a combat zone or as the result of performing combat related operations.

This case was adjudicated as part of the Legacy Disability Evaluation System (LDES)

SECTION VII: PEB AUTHENTICATION

NAME OF PRESIDING OFFICER

Patrick L. Kendrick

SIGNATURE

KENDRICK PATRICK L. 1132340
Digitally signed by
KENDRICK PATRICK L. 1132340040
Date: 2021.06.13 11:49:25 -0500

DATE

20210615

SECTION VIII: COUNSELING STATEMENT

I have informed the Soldier of the findings and recommendations of the Physical Evaluation Board and explained to the Soldier the result of the findings and recommendations and his/her legal rights pertaining thereto.

NAME OF COUNSELOR

Khalilah Wright

SIGNATURE

DATE

20210621

SECTION IX: SOLDIER'S ELECTION

I have been advised of the findings and recommendations of the Informal Physical Evaluation Board and have received a full explanation of the results of the findings and recommendations and legal rights pertaining thereto. I understand that if I fail to make an election within the time prescribed after the PEBLO or applicable counselor has informed me of the findings, the PEB may proceed as if I have concurred with the findings and recommendations.

Election for Soldiers determined unfit and Soldiers removed from the TDRL.

- ☒ I concur and waive a formal hearing of my case.
☐ I do not concur but waive a formal hearing. My written appeal ☐ is attached ☐ is not attached

I understand that failure to submit a written appeal may result in final processing of my case without review by USAPDA.

- ☐ I do not concur and demand a formal hearing. I also make the designations/elections below with my demand for formal hearing.
a. My written appeal ☐ is attached ☐ is not attached.

I understand that if I submit an appeal with my request for a formal hearing, this allows the Informal PEB to reconsider its findings and recommendations prior to the formal hearing.

- b. I request ☐ personal appearance ☐ without personal appearance.
c. I request ☐ regularly appointed counsel ☐ counsel of my choice to represent me with my Formal PEB.

I understand that requesting counsel of my choice is at no expense to the government. I understand that I must notify my counsel of choice at this time of the pending hearing. I further understand that a delay will not be granted merely because I did not contact my counsel in sufficient time for him or her to properly prepare. I will inform my counsel of choice that he or she should immediately contact the PEB to coordinate further actions in my case.

NAME OF SOLDIER

Carlos Velez

SIGNATURE

DATE

6/23/21

Name: Velez, Carlos

Date PEB Convened: 20210615

Last 4-SSN: XXX-XX-1439

INFORMAL PHYSICAL EVALUATION BOARD (PEB) PROCEEDINGS (continued)

SECTION X: PEB ACTIONS

In consideration of the Soldier's appeal the PEB:

- ☐ Affirmed its initial findings and recommendations
☐ Returned the case to the MTF
☐ Issued reconsidered findings. See DA Form 199 dated:
☐ Scheduled Soldier's request for formal hearing
☐ Directed formal hearing
☐ See attached memorandum to Soldier dated:

Remarks:

NAME OF PRESIDING OFFICER

SIGNATURE

DATE

SECTION XI: USAPDA REVIEW OF INFORMAL PEB

- ☐ PEB findings and recommendations affirmed. [See attached memorandum to the Soldier dated
☐ Revised findings issued. See DA Form 199-2, dated
☐ Administrative correction issued. See DA Form 199-2, dated

Remarks:

BY ORDER OF THE COMMANDER, USAPDA

SIGNATURE

DATE

SECTION XII: USAPDA AUTHENTICATION FOR THE SECRETARY OF THE ARMY

The determinations on this form are not final for purposes of execution unless this section has been completed.

APPROVED FOR THE SECRETARY OF THE ARMY

SIGNATURE

DATE

For: JEFFREY A. MCCARTNEY, COL, AG, DEPUTY COMMANDER

VILLARREAL.FABIAN.HANK.1367928510

 Digitally signed by
 VILLARREAL.FABIAN.HANK.1367928510
 Date: 2021.06.25 08:19:52 -05:00

20210625



DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY PHYSICAL DISABILITY AGENCY
1835 ARMY BOULEVARD, BUILDING 2000
JBSA FORT SAM HOUSTON, TX 78234

ORDER D 175-11

24 June 2021

Velez, Carlos A., 127-68-1439, SPC, 306 EN CO Combat HVY, 25 Baiting Place Rd., Farmingdale, NY 11735

You are released from assignment and duty because of physical disability incurred while entitled to basic pay and under conditions that permit your retirement for permanent physical disability.

Date placed on retired list: 24 July 2021

Retired grade of rank: E-4

Authorized place of retirement: Not Applicable

Percentage of disability: 100%

DOB: 22 March 1984

Sex: M

Retirement type and allotment code: Permanent/12

Component: USAR

Authority: AR 635-40

Statute authorizing retirement: 1204

Other eligible laws: Not Applicable

Disability retirement: 02 Year(s), 11 Month(s), 14 Day(s)

Basic Pay: 12 Year(s), 06 Month(s), 03 Day(s)

Completed over 4 years of active service as Enl or WO: N/A

Disability is based on injury or disease received in LOD as a direct result of Armed Conflict or caused by an instrumentality of war and incurred in the LOD during a war period as defined by law: YES

Member of an armed force on 24 Sep 75: NO

Disability resulted from a combat related injury as defined in 26 USC 104: YES

Retirement is due to a disability incurred in the line of duty in a combat zone or as a result of performing combat related operations (as implemented by Section 020303b, DoD 7000.14-5, vol. 7a) YES

Format: 687

BY ORDER OF THE SECRETARY OF THE ARMY:

VILLARREAL.F. Digitally signed by
VILLARREAL.FABIAN.
ABIAN.HANK: HANK.1367928510
1367928510 Date: 2021.06.25
08:17:15 -05'00'
for JEFFREY A. MCCARTNEY
COL, AG
Deputy Commander

DISTRIBUTION:

SPC Carlos A. Velez, 6260 108TH St., APT #6D, Forest Hills, NY 11375

Commander, 306 EN CO Combat HVY, 25 Baiting Place Rd., Farmingdale, NY 11735

Commander, 99th Readiness Division, 5231 South Scott Plaza, Joint Base McGuire-Dix-Lakehurst, NJ 08640

Army Reserve Medical Management Center (AR MMC), 2801 Grand Avenue, Pinellas Park, FL 33782

Commander, Eisenhower Army Medical Center, ATTN: PEBLO, 300 Hospital Road, Fort Gordon, GA 30905

Commander, Eisenhower Army Medical Center, ATTN: MSC, 300 Hospital Road, Fort Gordon, GA 30905

Defense Finance and Accounting Service, U.S. Military Retired Pay, 8899 E 56TH Street, Indianapolis, IN 46249-1200

Inquiries pertaining to this order should be directed to the USAPDA, Retirements and Separations help desk at 1 (855) 793-3372 or by email at usarmy.pentagon.hrc.mbx.usapda-hq-ret-sep@mail.mil.



DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY PHYSICAL DISABILITY AGENCY
1835 ARMY BOULEVARD, BUILDING 2000
JBSA FORT SAM HOUSTON, TX 78234

ORDER D 175-11

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Completed over 4 years of active service as Enl or WO: N/A

Disability is based on injury or disease received in LOD as a direct result of Armed Conflict or caused by an instrumentality of war and incurred in the LOD during a war period as defined by law: YES

Member of an armed force on 24 Sep 75: NO

Disability resulted from a combat related injury as defined in 26 USC 104: YES

Retirement is due to a disability incurred in the line of duty in a combat zone or as a result of performing combat related operations (as implemented by Section 020303b, DoD 7000.14-5, vol. 7a) YES

Format: 687

BY ORDER OF THE SECRETARY OF THE ARMY:

for JEFFREY A. MCCARTNEY
COL, AG
Deputy Commander

DISTRIBUTION:

SPC Carlos A. Velez, 6260 108TH St Apt 6D, Forest Hills, NY 11375

Commander, 306TH EN CO Combat HVY, 25 Baiting Place Rd, Farmingdale, NY 11735

Commander, 99th Readiness Division, 5231 South Scott Plaza, Joint Base McGuire-Dix-Lakehurst, NJ 08640

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DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY PHYSICAL DISABILITY AGENCY
1835 ARMY BOULEVARD, BUILDING 2000
JBSA FORT SAM HOUSTON, TX 78234

AHRC-DO

24 June 2021

MEMORANDUM FOR SPC CARLOS A. VELEZ, 6260 108TH ST APT 6D, FOREST HILLS, NY 11375

SUBJECT: Permanent Physical Disability Retirement

1. This memorandum is to advise you that in accordance with the findings and recommendation of the United States Army Physical Disability Agency, you have been found to have a disability and will be permanently retired with a disability rating of 100 percent. The attached Department of the Army Order (Encl 1) announces the effective date of your retirement, and your retired pay will be computed from this date.

2. The Defense Finance and Accounting Service Retired Pay- Indianapolis, IN was furnished the data to compute your retired pay and establish your retired pay account. In order for DFAS-IN to activate your retired pay account, you must first complete a DD Form 2656 (Data for Payment of Retired Personnel). **You should immediately contact the nearest military installation Retirement Services Officer (RSO) for assistance. A listing of all RSOs are available at the following website:** <https://soldierforlife.army.mil/retirement/rso> component retirement. The RSO will provide your retirement and Survivor Benefit Plan (SBP) counseling as well as assisting you with completing the DD Form 2656 to activate your retired pay account.

3. You are encouraged to contact the Department of Veterans Affairs serving your area of residence to determine what benefits may be available to you.

4. You and your authorized family members are entitled to an Identification and Privilege Card. The card(s) can be obtained by presenting a copy of the enclosed order at any military installation having the capability to issue the card(s).

FOR THE DEPUTY COMMANDER:

Encls

1. Order

2. Retirement Certificate

for JEFFREY A. MCCARTNEY

COL, AG

Deputy Commander



DEPARTMENT OF THE ARMY
306TH ENGINEER COMPANY
25 BAITING PLACE RD
FARMINGDALE, NY 11735

AFRC-EMS-NKGA

14 January 2021

MEMORANDUM THRU

Commander, CPT Carlino, Katherine 306th Engineer Company
Nurse Case Manager, Army Medical Management Command (AR-MMC), Pinellas Park,
Florida

FOR COMMANDER, Dwight D. Eisenhower Army Medical Clinic, Fort Gordon, Georgia

SUBJECT: Request for Enrollment in the Legacy Disability Evaluation System (LDES)
In Lieu of the Integrated Disability Evaluation System (IDES) Process for PFC VELEZ,
CARLOS A

1. Carlos Velez, 12W from the 306th Engineer Company.
2. I have been referred for DES processing, and I am respectfully requesting LDES processing instead of IDES. I am aware the Army's objective in all DES process is to ensure continuity of care, timely processing and seamless transition from DoD to VA as per DoDI 1332.18. Upon consulting with MEB counsel, I strongly consider that LDES processing would be best for me, my career, and my unit for multiple reasons.
3. I wish to go through the MEB/PEB process as quickly as possible for several reasons. I understand the intent of the LDES process is to provide Soldiers with an efficient alternative to the lengthy IDES process that involves the VA. I respectfully request that I be allowed to proceed through the LDES process – my reasons are as follows:
 - a. First, I have a 100% permanent and total disability rating from the VA. Therefore, I am not concerned that proceeding through IDES will lower my VA ratings. However, several of conditions are worsening and need surgery. The VA is currently making referrals to outsource two of my surgeries. The uncertainty of whether or not I can proceed to the MEB/PEB process before or after these surgeries is extremely stressful for me. I cannot work my civilian job because of my medical issues. If the intent of the LDES process is to provide a streamlined process to alleviate a lengthy DES process, then I feel LDES would greatly assist me in getting the medical care I need in the fastest way possible.
 - b. First, I have a 100% permanent and total disability rating from the VA for my DES referred condition – PTSD due to Military Sexual Trauma. I am not concerned that proceeding through IDES will lower my VA ratings because I am still struggling with my condition through regular counseling and psychiatric medical through the VA. However, I am still drilling with my

AFRC-EMS-NKGA

Reserve unit, and it is very difficult for me to be around the military environment and Soldiers in uniform. If the intent of the LDES process is to provide a streamlined process to alleviate a lengthy DES process, then I feel LDES would greatly assist me in separating from the Army as quickly as possible.

- c. I understand that unit readiness cannot be the sole reason for choosing LDES. However, I am holding a slot in my unit that prohibits my Commander from obtaining a Soldier who can be a present asset to the unit. I cannot perform in my MOS, and I cannot attend drills. This weighs heavily on me that I cannot be a productive Soldier, but yet, I cannot completely resume civilian status.
 - d. My ETS is Dec 2024. If AR-MMC does not allow me to proceed through the MEB/PEB process until after my recommended surgeries, I may be forced to ETS without the benefit of going through the MEB/PEB process. I feel my Physical Profiles show that I have MRDP and I should be referred to the MEBTO as quickly as possible. I feel my medical conditions and pending ETS warrant a swift and efficient MEB/PEB process so that I can focus on my health and civilian life.
 - e. Due to my mental condition, I have trouble maintaining steady work. I have trouble at times providing for my family. I am currently working two jobs and drill does interfere with maintaining gainful employment as the only work I can obtain has mandatory weekend hours.
 - f. I do take care of my mother who is a widow and lives alone as my father passed away from COVID-19 in May of 2020. She always needs care.
 - g. I cannot perform my duties as a soldier. I have not been to the range in 3 years as I am not allowed to be around weapons due to my permanent profile.
4. I understand that LDES is only intended to be used when it will alleviate detrimental impact that processing through IDES would have on me or the Army, and that due to the unique nature of each case, there is no guarantee that either process will be faster or "better" for my situation. I have been provided the Office of Soldiers' MEB Counsel (OSMEBC) trifold explaining procedural differences between IDES and LDES, and I have been offered the opportunity to obtain legal counsel to explain these differences. I understand that the Medical Treatment Facility (MTF) Commander (or designee) will be the final approving authority for this request.
5. I respectfully request endorsement by my Unit Commander and approval of this request for LDES processing.

AFRC-EMS-NKGA

6. The point of contact for this matter is the undersigned by telephone at 917-783-6380 and carlosvelez51@yahoo.com


Carlos Velez
PFC
306th Engineer Company

Submitted through: 306th Engineer Company to Soldier's AR-MMC Nurse Case Manager on: Barbara Kraus

☒ I concur ☐ non-concur (circle one) with the above request based on continued observed performance.



KATHERINE L. CARLINO
CPT, EN, 306TH ENGINEER COMPAY
Commanding

EXHIBIT C

My HealtheVet

Personal Information Report

Produced by the VA Blue Button (v18.4)
26 Feb 2025 @ 0956

This Personal Information Report is a copy of information that you have selected from one or more of the following:

- Your Personal Health Record - Health related information that you self-entered.
- Key information from your official VA medical health record. Please contact your VA health care team if you have any questions about this information or if changes are needed.
- Information from your Department of Defense military service record.

This report is intended for your personal use. It is not shared with VA. Portions of this report may contain sensitive personal health information from your official VA medical record. Protection of the information contained in this report is your responsibility and of those with whom you choose to share this information.

NOTE: Your Personal Health Record does NOT contain all the information from your official VA medical record. If your VA medical center has transitioned to the new electronic health record system My VA Health you can access your medical information at www.patientportal.myhealth.va.gov. If there is medical information not available to you online, contact your local VA facility Release of Information office.

Key: Double dashes (--) mean there is no information to display.

Name: VELEZ, CARLOS ANDRES

Date of Birth: 22 Mar 1984

Download Request Summary

System Request Date/Time:	26 Feb 2025 @ 0956
File Name:	mhv_VELEZ_20250226_0956.pdf
Date Range Selected:	01 Jan 2012 to 26 Feb 2025
Data Types Selected:	My HealtheVet Account Summary Self Reported Demographics VA Demographics Self Reported Health Care Providers Self Reported Treatment Facilities Self Reported Health Insurance VA Wellness Reminders VA Appointments (Future) VA Appointments (Limited to past 2 years) VA Allergies Self Reported Allergies VA Medication History Self Reported Medications and Supplements VA Problem List VA Admissions and Discharges VA Notes Self Reported Medical Events VA Immunizations Self Reported Immunizations VA Laboratory Results: Chemistry/Hematology/Microbiology VA Pathology Reports: Surgical Pathology/Cytology/Electron Microscopy Self Reported Labs and Tests VA Vitals and Readings Self Reported Vitals and Readings VA Radiology Reports VA Electrocardiogram (EKG) Reports Self Reported Family Health History Self Reported Military Health History Self Reported Activity Journal Self Reported Food Journal DoD Military Service Information Self Reported My Goals Current Self Reported My Goals Completed

My HealtheVet Account Summary

Source:	VA
Authentication Status:	Authenticated
Authentication Date:	10 Apr 2014
Authentication Facility Name:	Margaret Cochran Corbin VA Campus
Authentication Facility ID:	630

VA Treatment Facility	Type
Atlanta GA VAMC (508)	VAMC
Bronx NY VAMC (526)	VAMC
Margaret Cochran Corbin VA Campus (630)	VAMC
Miami FL VAMC (546)	VAMC
Salisbury NC VAMC (659)	VAMC
Note: The X represents your self-selected VA Medical Center preference.	

Self Reported Demographics

Source:	Self-Entered
Your self-entered information saved in My HealtheVet is not shared with other sources.	

First Name:	CARLOS	Date of Birth:	22 Mar 1984
Middle Initial:	A	Birth Sex:	Male
Last Name:	VELEZ	Blood Type:	O+
Suffix:		Organ Donor:	Yes
Alias:		Marital Status:	Married
Relationship to VA:	Patient, Veteran	Mailing or Destination Address: 44-30 macnish street apt 2k elmhurst, NY United States 11373	
Current Occupation	none		
Home Phone Number:			
Work Phone Number:			
Pager Number:			
Cell Phone Number:	917-783-6380		
FAX Number:			

Email Address:	carlosvelez51@yahoo.com
Preferred Method of Contact:	Email

VA Demographics

Source:	VA
Last Updated:	26 Feb 2025 @ 0956
Sorted By:	VA Treating Facility
Some of your demographic data is not updated across all of your VA treatment centers. If you have questions or your information needs to be updated, contact your VA health care team.	

VA Treating Facility	Salisbury NC VAMC
First Name:	CARLOS
Middle Name:	ANDRES
Last Name:	VELEZ
Date of Birth:	22 Mar 1984
Age:	40
Gender:	Male
Ethnicity:	--
Religion:	UNKNOWN/NO PREFERENCE
Place of Birth:	QUEENS, NEW YORK
Marital Status:	MARRIED
PERMANENT ADDRESS AND CONTACT INFORMATION	
Street Address:	7501 RED BAY PL
City:	CORAL SPRINGS
State:	FLORIDA
Zip Code:	33065
County:	011
Country:	USA
Home Phone Number:	--
Work Phone Number:	--
Cell Phone Number:	--
Email Address:	Carlosvelez51@yahoo.com
ELIGIBILITY	
Service Connected Percentage:	100
Means Test Status:	--
Primary Eligibility Code:	--
EMPLOYMENT	
Occupation:	SOLDIER
Employment Status:	NOT EMPLOYED
Employer Name:	--
PRIMARY NEXT OF KIN	
Name:	GUEVARA, GLADIS
Street Address:	44-30 MACNISH STREET APT 2K
City:	ELMHURST

State:	NEW YORK
Zip Code:	11373
Home Phone Number:	917-783-6380
Work Phone Number:	347-985-6904
EMERGENCY CONTACT	
Name:	GUEVARA, GLADIS
Street Address:	44-30 MACNISH STREET APT 2K
City:	ELMHURST
State:	NEW YORK
Zip Code:	11373
Home Phone Number:	917-783-6380
Work Phone Number:	--
VA GUARDIAN	
Name:	--
Street Address:	--
City:	--
State:	--
Zip Code:	--
Home Phone Number:	--
Work Phone Number:	--
CIVIL GUARDIAN	
Name:	--
Street Address:	--
City:	--
State:	--
Zip Code:	--
Home Phone Number:	--
Work Phone Number:	--
ACTIVE INSURANCE	
Insurance Company:	--
Effective Date:	Date not available
Expiration Date:	Date not available
Group Name:	--
Group Number:	--
Subscriber ID:	--
Subscriber Name:	--
Subscriber Relationship:	--
VA Treating Facility	Miami FL VAMC
First Name:	CARLOS
Middle Name:	ANDRES
Last Name:	VELEZ
Date of Birth:	22 Mar 1984
Age:	40
Gender:	Male

Ethnicity:	--
Religion:	UNKNOWN/NO PREFERENCE
Place of Birth:	QUEENS, NEW YORK
Marital Status:	MARRIED
PERMANENT ADDRESS AND CONTACT INFORMATION	
Street Address:	7501 RED BAY PL
City:	CORAL SPRINGS
State:	FLORIDA
Zip Code:	33065
County:	011
Country:	USA
Home Phone Number:	--
Work Phone Number:	--
Cell Phone Number:	--
Email Address:	Carlosvelez51@yahoo.com
ELIGIBILITY	
Service Connected Percentage:	100
Means Test Status:	--
Primary Eligibility Code:	--
EMPLOYMENT	
Occupation:	SOLDIER
Employment Status:	NOT EMPLOYED
Employer Name:	--
PRIMARY NEXT OF KIN	
Name:	GUEVARA, GLADIS
Street Address:	44-30 MACNISH STREET APT 2K
City:	ELMHURST
State:	NEW YORK
Zip Code:	11373
Home Phone Number:	917-783-6380
Work Phone Number:	347-985-6904
EMERGENCY CONTACT	
Name:	GUEVARA, GLADIS
Street Address:	44-30 MACNISH STREET APT 2K
City:	ELMHURST
State:	NEW YORK
Zip Code:	11373
Home Phone Number:	917-783-6380
Work Phone Number:	--
VA GUARDIAN	
Name:	--
Street Address:	--
City:	--
State:	--

Zip Code:	--
Home Phone Number:	--
Work Phone Number:	--
CIVIL GUARDIAN	
Name:	--
Street Address:	--
City:	--
State:	--
Zip Code:	--
Home Phone Number:	--
Work Phone Number:	--
ACTIVE INSURANCE	
Insurance Company:	--
Effective Date:	Date not available
Expiration Date:	Date not available
Group Name:	--
Group Number:	--
Subscriber ID:	--
Subscriber Name:	--
Subscriber Relationship:	--
VA Treating Facility	Margaret Cochran Corbin VA Campus
First Name:	CARLOS
Middle Name:	ANDRES
Last Name:	VELEZ
Date of Birth:	22 Mar 1984
Age:	40
Gender:	Male
Ethnicity:	--
Religion:	UNKNOWN/NO PREFERENCE
Place of Birth:	QUEENS, NEW YORK
Marital Status:	MARRIED
PERMANENT ADDRESS AND CONTACT INFORMATION	
Street Address:	7501 RED BAY PL
City:	CORAL SPRINGS
State:	FLORIDA
Zip Code:	33065
County:	011
Country:	USA
Home Phone Number:	--
Work Phone Number:	--
Cell Phone Number:	--
Email Address:	Carlosvelez51@yahoo.com
ELIGIBILITY	
Service Connected	100

Percentage:	
Means Test Status:	NO LONGER REQUIRED
Primary Eligibility Code:	--
EMPLOYMENT	
Occupation:	SOLDIER
Employment Status:	NOT EMPLOYED
Employer Name:	--
PRIMARY NEXT OF KIN	
Name:	GUEVARA, GLADIS
Street Address:	44-30 MACNISH STREET APT 2K
City:	ELMHURST
State:	NEW YORK
Zip Code:	11373
Home Phone Number:	917-783-6380
Work Phone Number:	347-985-6904
EMERGENCY CONTACT	
Name:	GUEVARA, GLADIS
Street Address:	44-30 MACNISH STREET APT 2K
City:	ELMHURST
State:	NEW YORK
Zip Code:	11373
Home Phone Number:	917-783-6380
Work Phone Number:	--
VA GUARDIAN	
Name:	--
Street Address:	--
City:	--
State:	--
Zip Code:	--
Home Phone Number:	--
Work Phone Number:	--
CIVIL GUARDIAN	
Name:	--
Street Address:	--
City:	--
State:	--
Zip Code:	--
Home Phone Number:	--
Work Phone Number:	--
ACTIVE INSURANCE	
Insurance Company:	TRICARE EAST REGION 2018
Effective Date:	01 Jan 2018
Expiration Date:	Date not available
Group Name:	57974 - RESERVE SELECT***

Group Number:	TRICARE
Subscriber ID:	127681439
Subscriber Name:	VELEZ,CARLOS ANDRES
Subscriber Relationship:	PATIENT
VA Treating Facility	Bronx NY VAMC
First Name:	CARLOS
Middle Name:	ANDRES
Last Name:	VELEZ
Date of Birth:	22 Mar 1984
Age:	40
Gender:	Male
Ethnicity:	--
Religion:	UNKNOWN/NO PREFERENCE
Place of Birth:	ELMHURST, NEW YORK
Marital Status:	MARRIED
PERMANENT ADDRESS AND CONTACT INFORMATION	
Street Address:	7501 RED BAY PL
City:	CORAL SPRINGS
State:	FLORIDA
Zip Code:	33065
County:	011
Country:	USA
Home Phone Number:	--
Work Phone Number:	--
Cell Phone Number:	--
Email Address:	Carlosvelez51@yahoo.com
ELIGIBILITY	
Service Connected Percentage:	100
Means Test Status:	NO LONGER REQUIRED
Primary Eligibility Code:	--
EMPLOYMENT	
Occupation:	SOLDIER
Employment Status:	NOT EMPLOYED
Employer Name:	--
PRIMARY NEXT OF KIN	
Name:	GUEVARA,GLADIS
Street Address:	44-30 MACNISH STREET APT 2K
City:	ELMHURST
State:	NEW YORK
Zip Code:	11373
Home Phone Number:	917-783-6380
Work Phone Number:	347-985-6904
EMERGENCY CONTACT	

Name:	GUEVARA, GLADIS
Street Address:	44-30 MACNISH STREET APT 2K
City:	ELMHURST
State:	NEW YORK
Zip Code:	11373
Home Phone Number:	917-783-6380
Work Phone Number:	--
VA GUARDIAN	
Name:	--
Street Address:	--
City:	--
State:	--
Zip Code:	--
Home Phone Number:	--
Work Phone Number:	--
CIVIL GUARDIAN	
Name:	--
Street Address:	--
City:	--
State:	--
Zip Code:	--
Home Phone Number:	--
Work Phone Number:	--
ACTIVE INSURANCE	
Insurance Company:	--
Effective Date:	Date not available
Expiration Date:	Date not available
Group Name:	--
Group Number:	--
Subscriber ID:	--
Subscriber Name:	--
Subscriber Relationship:	--
VA Treating Facility	Atlanta GA VAMC
First Name:	CARLOS
Middle Name:	ANDRES
Last Name:	VELEZ
Date of Birth:	22 Mar 1984
Age:	40
Gender:	Male
Ethnicity:	--
Religion:	UNKNOWN/NO PREFERENCE
Place of Birth:	UNKNOWN, UNKNOWN
Marital Status:	MARRIED
PERMANENT ADDRESS AND CONTACT INFORMATION	

Street Address:	7501 RED BAY PL
City:	CORAL SPRINGS
State:	FLORIDA
Zip Code:	33065
County:	011
Country:	USA
Home Phone Number:	--
Work Phone Number:	--
Cell Phone Number:	--
Email Address:	Carlosvelez51@yahoo.com
ELIGIBILITY	
Service Connected Percentage:	100
Means Test Status:	NO LONGER REQUIRED
Primary Eligibility Code:	--
EMPLOYMENT	
Occupation:	SOLDIER
Employment Status:	NOT EMPLOYED
Employer Name:	--
PRIMARY NEXT OF KIN	
Name:	GUEVARA, GLADIS
Street Address:	44-30 MACNISH STREET APT 2K
City:	ELMHURST
State:	NEW YORK
Zip Code:	11373
Home Phone Number:	917-783-6380
Work Phone Number:	347-985-6904
EMERGENCY CONTACT	
Name:	GUEVARA, GLADIS
Street Address:	44-30 MACNISH STREET APT 2K
City:	ELMHURST
State:	NEW YORK
Zip Code:	11373
Home Phone Number:	917-783-6380
Work Phone Number:	--
VA GUARDIAN	
Name:	--
Street Address:	--
City:	--
State:	--
Zip Code:	--
Home Phone Number:	--
Work Phone Number:	--
CIVIL GUARDIAN	
Name:	--

Street Address:	--
City:	--
State:	--
Zip Code:	--
Home Phone Number:	--
Work Phone Number:	--
ACTIVE INSURANCE	
Insurance Company:	--
Effective Date:	Date not available
Expiration Date:	Date not available
Group Name:	--
Group Number:	--
Subscriber ID:	--
Subscriber Name:	--
Subscriber Relationship:	--

Self Reported Healthcare Providers

Source: Self-Entered
No information was available that matched your selection.

Self Reported Treatment Facilities

Source: Self-Entered
No information was available that matched your selection.

Self Reported Health Insurance

Source: Self-Entered
No information was available that matched your selection.

VA Wellness Reminders

Source:	VA
Last Updated:	
Sorted By:	Name (Ascending)
VA Wellness Reminders are no longer updated. Your historical Wellness Reminders are listed in the report.	

Wellness Reminder	Last Completed	Location
Influenza Vaccine	10 Nov 2016	Margaret Cochran Corbin VA Campus

VA Appointments

Source:	VA
Last Updated:	26 Feb 2025 @ 0956
Sorted By:	Date (Descending)
<p>The future VA appointments listed below may be by telephone, video, or in-person. Your local facility determines which appointments appear in My HealtheVet. VA appointment details can be updated to reflect current information. Consult your VA medical record for status, appointment type, and other updates.</p> <p>***Please remember to bring your insurance information with you to your appointment.</p>	

Past Appointments

Date/Time:	29 Jan 2025 @ 1000 EST
Medical Center Division:	William "Bill" Kling Department of Veterans Affairs Outpatient Clinic
Status:	Completed
Clinic Name:	BROWARD VA VIDEO CONNECT MH SOCIAL WORK WEDNESDAY 10 AM GROUP Also Called: BRW VVC MH SW WED 10AM GRP
Location Information:	VA VIDEO CONNECT/VIRTUAL
Clinic Contact Information:	954-475-5500
Additional Contact:	15382

Date/Time:	22 Jan 2025 @ 1000 EST
Medical Center Division:	William "Bill" Kling Department of Veterans Affairs Outpatient Clinic
Status:	Completed
Clinic Name:	BROWARD VA VIDEO CONNECT MH SOCIAL WORK WEDNESDAY 10 AM GROUP Also Called: BRW VVC MH SW WED 10AM GRP
Location Information:	VA VIDEO CONNECT/VIRTUAL
Clinic Contact Information:	954-475-5500
Additional Contact:	15382

Date/Time:	18 Dec 2024 @ 1000 EST
Medical Center Division:	William "Bill" Kling Department of Veterans Affairs Outpatient Clinic
Status:	Completed
Clinic Name:	BROWARD VA VIDEO CONNECT MH SOCIAL WORK WEDNESDAY 10 AM GROUP Also Called: BRW VVC MH SW WED 10AM GRP
Location Information:	VA VIDEO CONNECT/VIRTUAL
Clinic Contact Information:	954-475-5500
Additional Contact:	15382

Date/Time:	27 Nov 2024 @ 1000 EST
Medical Center Division:	William "Bill" Kling Department of Veterans Affairs Outpatient Clinic

Status:	Completed
Clinic Name:	BROWARD VA VIDEO CONNECT MH SOCIAL WORK WEDNESDAY 10 AM GROUP Also Called: BRW VVC MH SW WED 10AM GRP
Location Information:	VA VIDEO CONNECT/VIRTUAL
Clinic Contact Information:	954-475-5500
Additional Contact:	15382

Date/Time:	23 Oct 2024 @ 1400 EDT
Medical Center Division:	William "Bill" Kling Department of Veterans Affairs Outpatient Clinic
Status:	Completed
Clinic Name:	BROWARD VA TELEPHONE MENTAL HEALTH SOCIAL WORKER Also Called: BRW PH MHC SW
Location Information:	TELEPHONE
Clinic Contact Information:	954-475-5500
Additional Contact:	--

Date/Time:	23 Oct 2024 @ 1000 EDT
Medical Center Division:	William "Bill" Kling Department of Veterans Affairs Outpatient Clinic
Status:	Completed
Clinic Name:	BROWARD VA VIDEO CONNECT MH SOCIAL WORK WEDNESDAY 10 AM GROUP Also Called: BRW VVC MH SW WED 10AM GRP
Location Information:	VA VIDEO CONNECT/VIRTUAL
Clinic Contact Information:	954-475-5500
Additional Contact:	15382

Date/Time:	16 Oct 2024 @ 1000 EDT
Medical Center Division:	William "Bill" Kling Department of Veterans Affairs Outpatient Clinic
Status:	Completed
Clinic Name:	BROWARD VA VIDEO CONNECT MH SOCIAL WORK WEDNESDAY 10 AM GROUP Also Called: BRW VVC MH SW WED 10AM GRP
Location Information:	VA VIDEO CONNECT/VIRTUAL
Clinic Contact Information:	954-475-5500
Additional Contact:	15382

Date/Time:	09 Oct 2024 @ 1000 EDT
Medical Center Division:	William "Bill" Kling Department of Veterans Affairs Outpatient Clinic
Status:	Completed
Clinic Name:	BROWARD VA VIDEO CONNECT MH SOCIAL WORK WEDNESDAY 10 AM GROUP Also Called: BRW VVC MH SW WED 10AM GRP
Location Information:	VA VIDEO CONNECT/VIRTUAL
Clinic Contact Information:	954-475-5500
Additional Contact:	15382

Date/Time:	02 Oct 2024 @ 1000 EDT
Medical Center Division:	William "Bill" Kling Department of Veterans Affairs Outpatient Clinic
Status:	Completed
Clinic Name:	BROWARD VA VIDEO CONNECT MH SOCIAL WORK WEDNESDAY 10 AM GROUP Also Called: BRW VVC MH SW WED 10AM GRP
Location Information:	VA VIDEO CONNECT/VIRTUAL
Clinic Contact Information:	954-475-5500
Additional Contact:	15382

Date/Time:	25 Sep 2024 @ 1000 EDT
Medical Center Division:	William "Bill" Kling Department of Veterans Affairs Outpatient Clinic
Status:	Completed
Clinic Name:	BROWARD VA VIDEO CONNECT MH SOCIAL WORK WEDNESDAY 10 AM GROUP Also Called: BRW VVC MH SW WED 10AM GRP
Location Information:	VA VIDEO CONNECT/VIRTUAL
Clinic Contact Information:	954-475-5500
Additional Contact:	15382

Date/Time:	18 Sep 2024 @ 1000 EDT
Medical Center Division:	William "Bill" Kling Department of Veterans Affairs Outpatient Clinic
Status:	Completed
Clinic Name:	BROWARD VA VIDEO CONNECT MH SOCIAL WORK WEDNESDAY 10 AM GROUP Also Called: BRW VVC MH SW WED 10AM GRP
Location Information:	VA VIDEO CONNECT/VIRTUAL
Clinic Contact Information:	954-475-5500
Additional Contact:	15382

Date/Time:	11 Sep 2024 @ 1000 EDT
Medical Center Division:	William "Bill" Kling Department of Veterans Affairs Outpatient Clinic
Status:	Completed
Clinic Name:	BROWARD VA VIDEO CONNECT MH SOCIAL WORK WEDNESDAY 10 AM GROUP Also Called: BRW VVC MH SW WED 10AM GRP
Location Information:	VA VIDEO CONNECT/VIRTUAL
Clinic Contact Information:	954-475-5500
Additional Contact:	15382

Date/Time:	04 Sep 2024 @ 1000 EDT
Medical Center Division:	William "Bill" Kling Department of Veterans Affairs Outpatient Clinic
Status:	Completed
Clinic Name:	BROWARD VA VIDEO CONNECT MH SOCIAL WORK WEDNESDAY 10 AM GROUP Also Called: BRW VVC MH SW WED 10AM GRP

Location Information:	VA VIDEO CONNECT/VIRTUAL
Clinic Contact Information:	954-475-5500
Additional Contact:	15382

Date/Time:	28 Aug 2024 @ 1000 EDT
Medical Center Division:	William "Bill" Kling Department of Veterans Affairs Outpatient Clinic
Status:	Completed
Clinic Name:	BROWARD VA VIDEO CONNECT MH SOCIAL WORK WEDNESDAY 10 AM GROUP Also Called: BRW VVC MH SW WED 10AM GRP
Location Information:	VA VIDEO CONNECT/VIRTUAL
Clinic Contact Information:	954-475-5500
Additional Contact:	15382

Date/Time:	21 Aug 2024 @ 1000 EDT
Medical Center Division:	William "Bill" Kling Department of Veterans Affairs Outpatient Clinic
Status:	Completed
Clinic Name:	BROWARD VA VIDEO CONNECT MH SOCIAL WORK WEDNESDAY 10 AM GROUP Also Called: BRW VVC MH SW WED 10AM GRP
Location Information:	VA VIDEO CONNECT/VIRTUAL
Clinic Contact Information:	954-475-5500
Additional Contact:	15382

Date/Time:	19 Aug 2024 @ 1300 EDT
Medical Center Division:	William "Bill" Kling Department of Veterans Affairs Outpatient Clinic
Status:	No Show
Clinic Name:	BROWARD VA MH FAST TRACK Also Called: BRW MH FAST TRACK PR 1
Location Information:	CHARLIE CLINIC ROOM PC204
Clinic Contact Information:	954-475-5500
Additional Contact:	18502

Date/Time:	14 Aug 2024 @ 1000 EDT
Medical Center Division:	William "Bill" Kling Department of Veterans Affairs Outpatient Clinic
Status:	Completed
Clinic Name:	BROWARD VA VIDEO CONNECT MH SOCIAL WORK WEDNESDAY 10 AM GROUP Also Called: BRW VVC MH SW WED 10AM GRP
Location Information:	VA VIDEO CONNECT/VIRTUAL
Clinic Contact Information:	954-475-5500
Additional Contact:	15382

Date/Time:	09 Aug 2024 @ 1300 EDT
Medical Center Division:	William "Bill" Kling Department of Veterans Affairs Outpatient Clinic
Status:	Completed

Clinic Name:	BROWARD VA TELEPHONE MENTAL HEALTH SOCIAL WORKER Also Called: BRW PH MHC SW
Location Information:	TELEPHONE
Clinic Contact Information:	954-475-5500
Additional Contact:	--

Date/Time:	07 Aug 2024 @ 1000 EDT
Medical Center Division:	William "Bill" Kling Department of Veterans Affairs Outpatient Clinic
Status:	Completed
Clinic Name:	BROWARD VA VIDEO CONNECT MH SOCIAL WORK WEDNESDAY 10 AM GROUP Also Called: BRW VVC MH SW WED 10AM GRP
Location Information:	VA VIDEO CONNECT/VIRTUAL
Clinic Contact Information:	954-475-5500
Additional Contact:	15382

Date/Time:	07 Aug 2024 @ 0900 EDT
Medical Center Division:	William "Bill" Kling Department of Veterans Affairs Outpatient Clinic
Status:	No Show
Clinic Name:	BROWARD VA TELEPHONE MENTAL HEALTH SOCIAL WORKER Also Called: BRW PH MHC SW
Location Information:	TELEPHONE
Clinic Contact Information:	954-475-5500
Additional Contact:	--

Date/Time:	17 Jul 2024 @ 1000 EDT
Medical Center Division:	William "Bill" Kling Department of Veterans Affairs Outpatient Clinic
Status:	No Show
Clinic Name:	BROWARD VA VIDEO CONNECT MH SOCIAL WORK WEDNESDAY 10 AM GROUP Also Called: BRW VVC MH SW WED 10AM GRP
Location Information:	VA VIDEO CONNECT/VIRTUAL
Clinic Contact Information:	954-475-5500
Additional Contact:	15382

Date/Time:	09 Jul 2024 @ 1400 EDT
Medical Center Division:	William "Bill" Kling Department of Veterans Affairs Outpatient Clinic
Status:	Completed
Clinic Name:	BROWARD VA VIDEO CONNECT MH SOCIAL WORK 2 Also Called: BRW VVC MHC SW 2
Location Information:	VA VIDEO CONNECT/VIRTUAL
Clinic Contact Information:	954-475-5500
Additional Contact:	18740

Date/Time:	12 Apr 2024 @ 0900 EDT
Medical Center Division:	William "Bill" Kling Department of Veterans Affairs Outpatient Clinic

Status:	No Show
Clinic Name:	BROWARD VA PRIMARY CARE BRAVO 8 Also Called: BRW PACT BRAVO 8
Location Information:	BRAVO TEAM
Clinic Contact Information:	954-475-5500
Additional Contact:	18501

VA Allergies and Adverse Reactions

Source:	VA
Last Updated:	26 Feb 2025 @ 0956
Sorted By:	Date (Descending)
Remember to share all information about your allergies and adverse reactions with your VA health care team. VA Allergies and Adverse Reactions are only displayed for VA Patients. You can self-enter and keep track of your allergies. It is important to check for known allergies in your VA Allergies and Adverse Reactions record as well as your Self-Reported Allergies in My HealtheVet. It is also important to contact your Meds by Mail service center to update your allergy and adverse reaction information.	

Allergy Name:	ABILIFY	Date Entered:	26 Jul 2018
Allergy Type:	DRUG	Location:	Salisbury NC VAMC
Reaction:	HALLUCINATIONS		
VA Drug Class:	ANTIPSYCHOTICS,OTHER		
Observed/Historical:	HISTORICAL		
Comments:	--		

Self Reported Allergies

Source: Self-Entered
No information was available that matched your selection.

VA Medication History

Source:	VA
Last Updated:	10 Aug 2023 @ 1920
Sorted By:	Alphabetical Order then by Status
<p>Remember to share all information about your medications or updates with your VA health care team. Also, check information in your VA Allergies and your Self-Reported Allergies. This may let you know if you had a reaction to a medication you received.</p> <p>Please note that My HealtheVet does <u>NOT</u> show medications that are/were administrated in a clinic or emergency department (such as clinic medications).</p> <p>If you cannot view prescription(s) that should be displayed, contact your local VA Pharmacy for information. The phone number for the VA Pharmacy can be found on the prescription label.</p> <p><u>Glossary of MHV Pharmacy Terms:</u> Active: Refill in Process=A refill request is being processed by the VA pharmacy. When a prescription is in the Refill in Process status, the Fill Date will show when the prescription will be ready for delivery via mail by a VA Mail Order Pharmacy. This term may be shown as a VA Prescription status of "Active: Susp" on other VA medication lists. Active: Submitted=The refill request has been received by My HealtheVet but has not been processed by the VA Pharmacy yet. Unknown=The status cannot be determined. Contact your VA care team when you need more of this VA prescription. A prescription stopped by a VA provider. It is no longer available to be filled. Transferred=A prescription moved to VA's new electronic health record. Go to My VA Health to manage transferred medications. This prescription may also be described as "Discontinued" on medication lists from your healthcare team. Take your medications as prescribed by your healthcare team.</p> <p><u>Glossary of VA Pharmacy Terms:</u> Active=A prescription that can be filled at the local VA pharmacy. If this prescription is refillable, you may request a refill of this VA prescription. Active: On Hold=An active prescription that will not be filled until pharmacy resolves the issue. Contact your VA pharmacy when you need more of this VA prescription. Active: Parked=A VA Prescription that is on file at VA Pharmacy and available for you to submit a fill request. This prescription may or may not have been previously filled. This prescription has been ordered by your VA provider but will not be sent to you until you request that it is filled. You may request this medication using MyHealtheVet, Rx Refill mobile app, VA phone service or mail in refills. Active: Non-VA=A medication that came from someplace other than a VA pharmacy. This may be a prescription from either the VA or other providers that was filled outside the VA. Or, it may be an over the counter (OTC), herbal, dietary supplement or sample medication. Discontinued=A prescription stopped by a VA provider. It is no longer available to be filled. Contact your VA healthcare team when you need more of this VA prescription. Expired=A prescription which is too old to fill. This does not refer to the expiration date of the medication in the container. Contact your VA healthcare team when you need more of this VA prescription.</p>	

Medication:	FLUOXETINE HCL 20MG CAP
Instructions:	TAKE ONE CAPSULE BY MOUTH DAILY FOR MENTAL HEALTH
Indication (Reason for use):	Not Available
Status:	Discontinued
Refills Remaining:	2
Last Filled On:	24 Jul 2020

Initially Ordered On: 22 Jul 2020			
Quantity	Days Supply	Pharmacy	Prescription Number
30	30	ST.ALBANS	35555343

Medication: QUETIAPINE FUMARATE 50MG TAB			
Instructions: TAKE ONE TABLET BY MOUTH AT BEDTIME OR MAY TAKE UP TO FOUR TABLETS AT BEDTIME AS NEEDED FOR SLEEP			
Indication (Reason for use): Not Available			
Status: Discontinued			
Refills Remaining: 0			
Last Filled On: 07 Aug 2018			
Initially Ordered On: 26 Jul 2018			
Quantity	Days Supply	Pharmacy	Prescription Number
60	30	SOUTH CHARLOTTE	60373770

Medication: TEMAZEPAM 30MG CAP			
Instructions: TAKE ONE CAPSULE BY MOUTH AT BEDTIME			
Indication (Reason for use): Not Available			
Status: Discontinued			
Refills Remaining: 1			
Last Filled On: 29 Jun 2018			
Initially Ordered On: 29 Jun 2018			
Quantity	Days Supply	Pharmacy	Prescription Number
30	30	SOUTH CHARLOTTE	60361284

Medication: ARIPIRAZOLE 10MG TAB			
Instructions: TAKE ONE-HALF TABLET BY MOUTH DAILY FOR MENTAL HEALTH MAY TAKE ANY TIME OF DAY OR NIGHT DEPENDING ON WHETHER OR NOT IT MAKES THE PATIENT SLEEPY/TIRED			
Indication (Reason for use): Not Available			
Status: Discontinued			
Refills Remaining: 2			
Last Filled On: 29 Jun 2018			
Initially Ordered On: 29 Jun 2018			
Quantity	Days Supply	Pharmacy	Prescription Number
15	30	SOUTH CHARLOTTE	60361283

Medication: TRAZODONE HCL 50MG TAB			
Instructions: TAKE ONE-HALF TABLET BY MOUTH AT BEDTIME THEN SLOWLY INCREASE UP TO 4 TABLETS AS NECESSARY/TOLERATED FOR SLEEP			
Indication (Reason for use): Not Available			
Status: Discontinued			
Refills Remaining: 1			
Last Filled On: 23 Apr 2018			
Initially Ordered On: 23 Apr 2018			

Quantity	Days Supply	Pharmacy	Prescription Number
60	30	SOUTH CHARLOTTE	60328182

Medication: FLUOXETINE HCL 20MG CAP			
Instructions: TAKE ONE CAPSULE BY MOUTH DAILY FOR MENTAL HEALTH			
Indication (Reason for use): Not Available			
Status: Discontinued			
Refills Remaining: 1			
Last Filled On: 23 Apr 2018			
Initially Ordered On: 23 Apr 2018			
Quantity	Days Supply	Pharmacy	Prescription Number
30	30	SOUTH CHARLOTTE	60328181

Medication: FLUOXETINE HCL 20MG CAP			
Instructions: TAKE TWO CAPSULES BY MOUTH DAILY FOR MENTAL HEALTH			
Indication (Reason for use): Not Available			
Status: Expired			
Refills Remaining: 1			
Last Filled On: 30 Jul 2021			
Initially Ordered On: 12 Aug 2020			
Quantity	Days Supply	Pharmacy	Prescription Number
60	30	ST.ALBANS	35555639

Medication: TEMAZEPAM 30MG CAP			
Instructions: TAKE ONE CAPSULE BY MOUTH AT BEDTIME OR MAY TAKE UP TO TWO CAPSULES AT BEDTIME FOR SLEEP AS NEEDED			
Indication (Reason for use): Not Available			
Status: Expired			
Refills Remaining: 2			
Last Filled On: 19 Nov 2018			
Initially Ordered On: 14 Nov 2018			
Quantity	Days Supply	Pharmacy	Prescription Number
30	30	SOUTH CHARLOTTE	60428565

Medication: FLUOXETINE HCL 20MG CAP			
Instructions: TAKE ONE CAPSULE BY MOUTH DAILY FOR MENTAL HEALTH			
Indication (Reason for use): Not Available			
Status: Expired			
Refills Remaining: 2			
Last Filled On: 16 Aug 2019			
Initially Ordered On: 14 Nov 2018			
Quantity	Days Supply	Pharmacy	Prescription Number
30	30	SOUTH CHARLOTTE	60428562

Medication: METOPROLOL TARTRATE 25MG TAB			
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Instructions: TAKE ONE TABLET BY MOUTH TWICE A DAY FOR BLOOD PRESSURE OR HEART			
Indication (Reason for use): Not Available			
Status: Expired			
Refills Remaining: 2			
Last Filled On: 23 Jun 2016			
Initially Ordered On: 29 Jan 2016			
Quantity	Days Supply	Pharmacy	Prescription Number
180	90	BROOKLYN,VA-NYHHCS	23082813

Medication: OMEPRAZOLE 20MG EC CAP			
Instructions: TAKE ONE CAPSULE BY MOUTH DAILY FOR STOMACH ACID			
Indication (Reason for use): Not Available			
Status: Expired			
Refills Remaining: 0			
Last Filled On: 10 Apr 2014			
Initially Ordered On: 10 Apr 2014			
Quantity	Days Supply	Pharmacy	Prescription Number
60	60	BROOKLYN,VA-NYHHCS	22783173

Medication: HYDROXYZINE HCL 25MG TAB			
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES A DAY AS NEEDED			
Indication (Reason for use): Not Available			
Status: Expired			
Refills Remaining: 0			
Last Filled On: 10 Apr 2014			
Initially Ordered On: 10 Apr 2014			
Quantity	Days Supply	Pharmacy	Prescription Number
90	30	BROOKLYN,VA-NYHHCS	22783172

Medication: SILDENAFIL CITRATE 100MG TAB			
Instructions: TAKE ONE-HALF TABLET BY MOUTH DAILY AS NEEDED 1 HR BEFORE SEX. DON'T TAKE MORE THAN ONE DOSE IN 24 HRS.			
Indication (Reason for use): Not Available			
Status: Expired			
Refills Remaining: 1			
Last Filled On: 11 Apr 2014			
Initially Ordered On: 26 Dec 2013			
Quantity	Days Supply	Pharmacy	Prescription Number
2	30	BROOKLYN,VA-NYHHCS	22733808

Medication: AMLODIPINE BESYLATE 2.5MG TAB			
Instructions: TAKE ONE TABLET BY MOUTH DAILY FOR BLOOD PRESSURE			
Indication (Reason for use): Not Available			
Status: Expired			

Refills Remaining: 0	
Last Filled On: 30 Dec 2013	
Initially Ordered On: 26 Dec 2013	
Quantity	Days Supply
30	30
Pharmacy	
BROOKLYN,VA-NYHHCS	
Prescription Number	
22733807	

Medication:	METOPROLOL
Instructions:	MOUTH
Indication (Reason for use):	Not Available
Status:	Active: Non-VA
Documented at:	Salisbury NC VAMC
Documented date:	29 Jun 2018
Start date:	
Documented by:	EDWARD BENFIELD
Comments:	

Medication:	CLONAZEPAM 2MG TAB
Instructions:	10MG BY MOUTH TWICE A DAY
Indication (Reason for use):	Not Available
Status:	Active: Non-VA
Documented at:	Margaret Cochran Corbin VA Campus
Documented date:	28 Feb 2017
Start date:	
Documented by:	OZZIE ORBACH
Comments:	

Medication:	PAROXETINE HCL 30MG TAB
Instructions:	15MG BY MOUTH DAILY
Indication (Reason for use):	Not Available
Status:	Active: Non-VA
Documented at:	Margaret Cochran Corbin VA Campus
Documented date:	28 Feb 2017
Start date:	
Documented by:	OZZIE ORBACH
Comments:	

Medication:	METOPROLOL SUCCINATE 50MG SA TAB
Instructions:	50MG BY MOUTH
Indication (Reason for use):	Not Available
Status:	Active: Non-VA
Documented at:	Margaret Cochran Corbin VA Campus
Documented date:	28 Feb 2017
Start date:	
Documented by:	OZZIE ORBACH
Comments:	

Self-Reported Medications & Supplements

Source:	Self-Entered
This My HealtheVet Pharmacy module contains self-entered prescriptions, over-the-counter products, and herbals/supplements YOU entered in your My HealtheVet self-entered Medications List. Your VA health care team CANNOT view this list. If you would like to share it with your VA health care team, print this list and bring to your next clinic visit.	

Category:	RX Medication		
Drug Name:	AMLODIPINE BESYLATE		
Prescription Number:	22733807	Start Date:	23 Apr 2014
Strength:		Stop Date:	
Dose:	2.5MG		
Frequency:	2X A DAY		
Pharmacy Name:			
Pharmacy Phone:			
Reason for Taking:	BLOOD PRESSURE		
Comments:			

VA Problem List

Source:	VA
Last Updated:	26 Feb 2025 @ 0956
Sorted By:	Date/Time Entered (Descending) then alphabetically by Problem
Your VA Problem List contains a comprehensive list of health problems your VA providers are helping you to manage. This information is available thirty-six (36) hours after it has been entered. It may not contain active problems managed by non-VA health care providers. If you have any questions about your information contact your VA health care team.	

Problem:	Chronic post-traumatic stress disorder (SCT 313182004)	Date/Time Entered: 12 Nov 2020 @ 1200
Provider:	BUSH,SHANE S	
Location:	Margaret Cochran Corbin VA Campus	
Status:	ACTIVE	
Comments:	--	

Problem:	Alcohol abuse (SCT 15167005)	Date/Time Entered: 09 Mar 2020 @ 1200
Provider:	BUSH,SHANE S	
Location:	Margaret Cochran Corbin VA Campus	
Status:	ACTIVE	
Comments:	--	

Problem:	Depression (SCT 35489007)	Date/Time Entered: 29 Jun 2018 @ 1200
Provider:	BENFIELD,EDWARD S II	
Location:	Salisbury NC VAMC	
Status:	ACTIVE	
Comments:	--	

Problem:	Posttraumatic stress disorder (SCT 47505003)	Date/Time Entered: 29 Jun 2018 @ 1200
Provider:	BENFIELD,EDWARD S II	
Location:	Salisbury NC VAMC	
Status:	ACTIVE	
Comments:	--	

Problem:	Obsessive compulsive behavior (SCT 12479006)	Date/Time Entered: 23 Apr 2018 @ 1200
Provider:	BENFIELD,EDWARD S II	
Location:	Salisbury NC VAMC	
Status:	ACTIVE	
Comments:	--	

Comments: diagnosed at New York VA	
Problem: Anxiety (SCT 48694002)	Date/Time Entered: 15 Mar 2018 @ 1200
Provider: MUFF,STEPHANIE	
Location: Salisbury NC VAMC	
Status: ACTIVE	
Comments: --	
Problem: H/O: alcoholism (SCT 161466001)	Date/Time Entered: 15 Mar 2018 @ 1200
Provider: MUFF,STEPHANIE	
Location: Salisbury NC VAMC	
Status: ACTIVE	
Comments: Per New York VA records	
Problem: Low back pain (SCT 279039007)	Date/Time Entered: 15 Mar 2018 @ 1200
Provider: MUFF,STEPHANIE	
Location: Salisbury NC VAMC	
Status: ACTIVE	
Comments: Normal X-rays and functional status on C&P 9/2/17	
Problem: Muscle fasciculation (SCT 82470000)	Date/Time Entered: 15 Mar 2018 @ 1200
Provider: SATHIRAJU,GOWRI	
Location: Salisbury NC VAMC	
Status: ACTIVE	
Comments: Felt to be psychogenic at New York VA 2016	
Problem: Shoulder pain (SCT 45326000)	Date/Time Entered: 15 Mar 2018 @ 1200
Provider: MUFF,STEPHANIE	
Location: Salisbury NC VAMC	
Status: ACTIVE	
Comments: X-ray essentially normal 1/3/14 & NL ROM/strength on 3/31/17	
Problem: Essential hypertension (SCT 59621000)	Date/Time Entered: 03 Mar 2018 @ 1200
Provider: SATHIRAJU,GOWRI	
Location: Salisbury NC VAMC	
Status: ACTIVE	

Comments:	--
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Problem:	Hyperlipidemia (SCT 55822004)	Date/Time Entered: 03 Mar 2018 @ 1200
Provider:	SATHIRAJU,GOWRI	
Location:	Salisbury NC VAMC	
Status:	ACTIVE	
Comments:	--	

Problem:	Alcoholic liver disease (SCT 41309000)	Date/Time Entered: 28 Feb 2017 @ 1200
Provider:	ORBACH,OZZIE	
Location:	Margaret Cochran Corbin VA Campus	
Status:	ACTIVE	
Comments:	--	

Problem:	Anxiety (SCT 48694002)	Date/Time Entered: 28 Feb 2017 @ 1200
Provider:	BUCKLEY,JULIA ANN	
Location:	Margaret Cochran Corbin VA Campus	
Status:	ACTIVE	
Comments:	--	

Problem:	Benign fasciculation-cramp syndrome (SCT 230652001)	Date/Time Entered: 28 Feb 2017 @ 1200
Provider:	ORBACH,OZZIE	
Location:	Margaret Cochran Corbin VA Campus	
Status:	ACTIVE	
Comments:	--	

Problem:	Hyperlipidemia (SCT 55822004)	Date/Time Entered: 28 Feb 2017 @ 1200
Provider:	ORBACH,OZZIE	
Location:	Margaret Cochran Corbin VA Campus	
Status:	ACTIVE	
Comments:	--	

Problem:	Hypertension (SCT 38341003)	Date/Time Entered: 28 Feb 2017 @ 1200
Provider:	ORBACH,OZZIE	
Location:	Margaret Cochran Corbin VA Campus	
Status:	ACTIVE	
Comments:	--	

Problem:	Lumbago (SCT 279039007)	Date/Time Entered: 28 Feb 2017 @ 1200

Provider:	ORBACH,OZZIE
Location:	Margaret Cochran Corbin VA Campus
Status:	ACTIVE
Comments:	--

Problem:	Tinnitus (SCT 60862001)	Date/Time Entered: 28 Feb 2017 @ 1200
Provider:	ORBACH,OZZIE	
Location:	Margaret Cochran Corbin VA Campus	
Status:	ACTIVE	
Comments:	--	

VA Admissions and Discharges

Source:	VA
Last Updated:	26 Feb 2025 @ 0956
No information was available that matched your selection. However, if you were recently discharged, your summary may be available thirty-six (36) hours after it is completed.	

VA Notes

Source:	VA
Last Updated:	26 Feb 2025 @ 0956
Sorted By:	Date/Time (Descending)
VA Notes from January 1, 2013 forward are available thirty-six (36) hours after they have been completed (except C&P Notes) and signed by all required members of your VA health care team. If you have any questions about your information please contact your VA health care team.	

Date/Time:	10 Feb 2025 @ 1330
Note Title:	PSYCHOLOGY NOTE
Location:	Miami FL VAMC
Signed By:	LEE,JENNIFER C
Co-signed By:	LEE,JENNIFER C
Date/Time Signed:	12 Feb 2025 @ 1657

Note

LOCAL TITLE: PSYCHOLOGY NOTE
STANDARD TITLE: PSYCHOLOGY NOTE
DATE OF NOTE: FEB 10, 2025@13:30 ENTRY DATE: FEB 12, 2025@16:56:22
AUTHOR: LEE,JENNIFER C EXP COSIGNER:
URGENCY: STATUS: COMPLETED

VJP Court Note:

Date/Time/Duration of Service:
Broward Veteran Treatment Court hearing scheduled for 2/10/25 between
1330-1730 for 15-30 minutes

Risk Assessment / Safety:

The veteran is not considered to be at risk for self-harm at this time based on known risk factors and the lack of elicited S/H ideation or intent throughout the current contact.
Veteran noted no safety concerns at this time.

The veteran is aware of how to seek emergency help in crisis via 911, nearest emergency room, or contacting the crisis hotline (phone number provided).
Veteran was informed that he can contact this provider via phone, or if he has emergent needs, he can walk-in to the clinic. When asked, the veteran denied a need for any additional or immediate mental health services at this time.

Diagnosis:
Legal problems

Service/Purpose:
 Veteran's Justice Outreach Program Team attended Broward Veteran's Treatment court hearing: 1) Review of hospital/medical records. 2) Veteran Case Management and 3) Interpretation/explanation of mental health evaluations/treatment/progress/procedures to court officials and other responsible parties.

Outcome/Plan:
 The veteran participated in today's hearing. The veteran played an active role in the discussion of their compliance in terms of both court and treatment requirements. Appointment history and treatment progress was addressed with the veteran. Attending the DUI group. The veteran was given opportunity to ask questions and clarify relevant barriers or issues affecting compliance. Coordination and/or confirmation of future appointments was discussed. The veteran's next court date was tentatively discussed by the court; however, the veteran will be directly contacted by court to confirm next hearing. The veteran was encouraged to continue with MH treatment. VJP will continue to follow-up with veteran, attorneys, and Broward Veteran's Treatment Court as needed.

Tentative Hearing Reset Date: 6/16/25

/es/ Jennifer C. Lee, Psy.D.
 STAFF PROVIDER
 Signed: 02/12/2025 16:57

Receipt Acknowledged By:
 02/18/2025 10:18 /es/ CLARENCE OFFICE JR
 PEER SUPPORT SPECIALIST

Date/Time:	29 Jan 2025 @ 1414
Note Title:	SOCIAL WORK GROUP NOTE
Location:	Miami FL VAMC
Signed By:	THUNDATHIL,SEBASTIAN T
Co-signed By:	THUNDATHIL,SEBASTIAN T
Date/Time Signed:	29 Jan 2025 @ 1415

Note

LOCAL TITLE: SOCIAL WORK GROUP NOTE
 STANDARD TITLE: SOCIAL WORK GROUP COUNSELING NOTE
 DATE OF NOTE: JAN 29, 2025@14:14 ENTRY DATE: JAN 29, 2025@14:14:14
 AUTHOR: THUNDATHIL,SEBASTIA EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

S/O: The patient attended the DUI/Alcohol group therapy session today for 60 minutes. Nine members were present. This session was held and completed by a video encounter after receiving verbal consent from the patient with the understanding that HIPPA compliance is not guaranteed. Issues regarding confidentiality of information disclosed by this patient, privacy concerning mental health, medical and other personal/sensitive information, and consent to participate fully in the therapy were addressed with the veteran in detail prior to the session, reviewed at the start of the session, and will continue to be reviewed as needed. The veteran is not considered to be a high risk for self-harm at this time based on known risk factors and the lack of elicited S/H ideation or intent throughout the current session. Also, the Veteran was reminded that the provider will confirm the veteran's location at the time of the call and engage in emergency services per local policy if the Veteran reports any emergencies during the session.

Today's session focused on reviewing eleven symptoms of alcohol use disorder (AUD). Group members were asked to review the following 11 symptoms of alcohol use disorder and have a sincere and honest selection of symptoms that they possess currently or any time in the past. Discuss findings with your group therapist and fellow group members.

1. Alcohol is often taken in larger amounts or over a longer period than was intended.
2. There is a persistent desire or unsuccessful efforts to cut down or control alcohol use.
3. A great deal of time is spent in activities necessary to obtain alcohol, use alcohol, or recover from its effects.
4. Craving, or a strong desire or urge to use alcohol.
5. Recurrent alcohol use resulting in a failure to fulfill major role obligations at work, school, or home.
6. Continued alcohol use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of alcohol.
7. Important social, occupational, or recreational activities are given up or reduced because of alcohol use.
8. Recurrent alcohol use in situations in which it is physically hazardous.
9. Alcohol use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by alcohol.
10. Tolerance, as defined by either of the following: a) A need for markedly increased amounts of alcohol to achieve intoxication or desired effect; b) A markedly diminished effect with continued use of the same amount of alcohol.
11. Withdrawal, as manifested by either of the following: a) The characteristic withdrawal syndrome for alcohol (refer to criteria A and B of the criteria set for alcohol withdrawal); b) Alcohol (or a closely related substance, such as a benzodiazepine) is taken to relieve or avoid withdrawal symptoms. The presence of at least two of these symptoms indicates an alcohol use disorder (AUD). The severity of an AUD is graded mild, moderate, or severe:

Group members spoke about the symptoms they possess currently or in the past and had an active and meaningful discussion on different aspects of alcohol use disorder and addictive behaviors. Members were urged to be open and honest in this process as people with alcohol problems have a general tendency to deny or minimize the severity of their addictive behaviors. Group also discussed various psychological factors associated with "denial" and how to break the denial process. Therapist provided information on different treatment options available to address alcohol problems such as Inpt/ outpt/ residential programs and NA/ AA meetings, and detox programs. The group consensus was that most people charged with DUI suffer from some level of alcohol problem and abstinence is the best action to prevent another DUI. As session continued, therapist discussed the progressive nature of addictive disorders and encouraged the group members to refrain from drinking and driving. Group members were given information on dual diagnosis, and various treatment programs offered at the VA to address mental health/substance abuse issues.

Diagnosis: Alcohol use disorder, moderate

THERAPEUTIC INTERVENTIONS USED:___ Behavioral___x cognitive___x ego supportive ___x___ Insight oriented ___x___ Psychoeducation___empathic listening___x___ positive reinforcement___ coaching___ self reaffirmation techniques___ reassurance ___x___ self disclosure___x___ confrontational techniques___ reality testing___ Role play___ self disclosure.

A: The pt was alert and oriented x 3. The pt was attentive, engaged in the group process actively, asked pertinent questions, provided meaningful feedback to his peers and participated in the group discussion appropriately. The pt reviewed eleven symptoms of alcohol use disorder (AUD) according to DSM 5, gained needed knowledge in this matter and was able to do a self evaluation. The pt acknowledged that consuming alcohol in any amount can interfere with an individual's judgment and that alcoholism is an addictive

disorder and a progressive illness. The pt acknowledged the consequences of drinking under the influence and how it could affect different areas of one's life. The pt was attentive and acknowledged the fact that denial is a major barrier and that one needs to be free of denial before they could make meaningful changes with their addiction. The pt was receptive to insight oriented/cognitive/ supportive therapy and other social work intervention.

THE PT'S PARTICIPATION IN
SESSION _____ Resistant _____ Neutral _____ limited
response ___x___ Moderate Response _____ Significant Response

P: The pt will continue to attend DUI treatment program and will refrain drinking and driving.

Patient Education :

Person/s taught:

>>> Patient

Learning preference/s:

>>> Visual, Auditory

Barriers to learning identified:

>>> No barriers identified

Readiness to learn:

>>> Motivated

Readiness to Learn:

Ready to learn at this time

By Discipline

Teaching Topic(s):

Rights and Responsibilities were reviewed with veteran. He/She has been provided with written information and participated in a discussion related to his/her rights and responsibilities and patient safety. Veteran was encouraged to participate actively in his/her care and raise any issues or concerns to staff, and was provided an opportunity to ask questions.

Response to Education:

Group education no individual response

Education handouts provided

>>> Other:

Teaching method used:

>>> Verbal, Written, Video

Teaching Strategies:

Used age appropriate materials

Information was provided within belief system, cultural or religious comfort measures were explored

Provided written and illustrated instructions, and encouraged frequent repetition

One idea at a time was presented slowly and clearly

Education Follow Up:

>>> Patient to call with questions, Continue education next visit

/es/ Sebastian T Thundathil, CSW
LICENSED CLINICAL SOCIAL WORKER
Signed: 01/29/2025 14:15

Date/Time: 22 Jan 2025 @ 1243

Note Title: SOCIAL WORK GROUP NOTE

Location:	Miami FL VAMC
Signed By:	THUNDATHIL,SEBASTIAN T
Co-signed By:	THUNDATHIL,SEBASTIAN T
Date/Time Signed:	22 Jan 2025 @ 1245

Note

LOCAL TITLE: SOCIAL WORK GROUP NOTE
STANDARD TITLE: SOCIAL WORK GROUP COUNSELING NOTE
DATE OF NOTE: JAN 22, 2025@12:43 ENTRY DATE: JAN 22, 2025@12:44:08
AUTHOR: THUNDATHIL,SEBASTIA EXP COSIGNER:
URGENCY: STATUS: COMPLETED

S/O: The pt attended the DUI/alcohol group therapy session today for 60 minutes. Twelve members were present. This session was held and completed by a telemedicine encounter after receiving verbal consent from the patient with the understanding that HIPAA compliance is not guaranteed. Issues regarding confidentiality of information disclosed by this patient, privacy concerning mental health, medical and other personal/sensitive information, and consent to participate fully in the therapy were addressed with the veteran in detail prior to the session, reviewed at the start of the session, and will continue to be reviewed as needed. The veteran is not considered to be a high risk for self-harm at this time based on known risk factors and the lack of elicited S/H ideation or intent throughout the current session. Also, the Veteran was reminded that the provider will confirm the veteran's location at the time of the call and engage in emergency services per local policy if the Veteran reports any emergencies during the session.

Group session initially focused on discussing various aspects of confidentiality, HIPPA requirements and this SW's nature involvement with referring agencies such as metro Traffic school and Broward-Dade Safety Council. The group then examined and discussed various aspects of the saying "once an addict always an addict". Group therapist also provided information on DSM 5 diagnostic criteria for Alcohol use disorder. The group then discussed plans and goals and their likely relationship with alcohol in future. Group members admitted that drinking and/or using drugs impair individual's ability to drive safely and safe amount would vary from person to person depending on various circumstances. It was observed that some members are still in denial and is unable to stop drinking despite having faced with serious consequences. Upon completion of this task, group members had a very active and meaningful discussion on different aspects of alcoholism and drinking and driving. Group therapist counseled the group members of the importance of perceiving the DUI groups as an opportunity to discuss their problems, do a serious self evaluation and to facilitate positive changes in their behaviours. Group discussed the importance of developing relapse prevention strategies, need for engaging in therapeutic activities/ ongoing

treatment and how to overcome the rationalization for drinking. The pt spoke about difficulties involved in dealing with social situations where alcohol is involved and the importance of avoiding people, places and things. The pt participated in the discussion appropriately.

Diagnosis: Alcohol use disorder, moderate

THERAPEUTIC INTEVENTIONS USED: ☒ Behavioral ☐ cognitive ☒ ego supportive ☒ Insight oriented ☒ Psychoeducation ☒ empathic listening ☒ positive reinforcement ☐ coaching ☐ self reaffirmation techniques ☒ reassurance ☐ self disclosure ☐ confrontational techniques ☒ reality testing ☐ Role play.

THE PT'S PARTICIPATION IN
SESSION ☐ Resistant ☐ Neutral ☐ limited
response ☒ Moderate Response ☐ Significant Response

A: The pt was alert and oriented x 3. Group engaged in a very active/meaningful discussion and debate on these topics. The pt was attentive and participated in the group discussion appropriately. The consensus of the group is that drinking and driving is an extremely dangerous form of alcohol abuse and that it is a crime. The pt acknowledged the importance refraining from drinking and driving and the benefits of abstinence. The pt, along with his peers, learned that alcohol addiction is a progressive illness and the best course of action to lead a peaceful/healthy life is to remain sober. The pt was receptive to insight oriented/ supportive counseling and other social work intervention.

P: The pt will continue to attend DUI group therapy program on a weekly basis and will refrain from drinking and driving.

Patient Education :

Person/s taught:

>>> Patient

Learning preference/s:

>>> Visual, Auditory

Barriers to learning identified:

>>> No barriers identified

Readiness to learn:

>>> Motivated

Readiness to Learn:

Ready to learn at this time

By Discipline

Teaching Topic(s):

Rights and Responsibilities were reviewed with veteran. He/She has been provided with written information and participated in a discussion related to his/her rights and responsibilities and patient safety. Veteran was encouraged to participate actively in his/her care and raise any issues or concerns to staff, and was provided an opportunity to ask questions.

Response to Education:

Group education no individual response
Education handouts provided
>>> Other:
Teaching method used:
>>> Verbal, Written, Video
Teaching Strategies:
Used age appropriate materials
Information was provided within belief system, cultural or religious
comfort measures were explored
Provided written and illustrated instructions, and encouraged frequent
repetition
One idea at a time was presented slowly and clearly
Education Follow Up:

/es/ Sebastian T Thundathil, CSW
LICENSED CLINICAL SOCIAL WORKER
Signed: 01/22/2025 12:45

Date/Time:	18 Dec 2024 @ 1455
Note Title:	SOCIAL WORK GROUP NOTE
Location:	Miami FL VAMC
Signed By:	THUNDATHIL,SEBASTIAN T
Co-signed By:	THUNDATHIL,SEBASTIAN T
Date/Time Signed:	18 Dec 2024 @ 1456

Note

LOCAL TITLE: SOCIAL WORK GROUP NOTE
STANDARD TITLE: SOCIAL WORK GROUP COUNSELING NOTE
DATE OF NOTE: DEC 18, 2024@14:55 ENTRY DATE: DEC 18, 2024@14:55:33
AUTHOR: THUNDATHIL,SEBASTIA EXP COSIGNER:
URGENCY: STATUS: COMPLETED

S/O: The pt attended the DUI/Alcohol group thaerapy session today for 60 minutes. Twelve members were present. Due to the growing spread of COVID-19, this session was held and completed by a telemedicine encounter after receiving verbal consent from the patient with the understanding that HIPAA compliance is not guaranteed. Issues regarding confidentiality of information disclosed by this patient, privacy concerning mental health, medical and other personal/sensitive information, and consent to articipate fully in the therapy were addressed with the veteran in detail prior to the session, reviewed at the start of the session, and will continue to be reviewed as needed. The veteran is not considered to be a high risk for self-harm at this time based on known risk factors and the lack of elicited S/H ideation or intent throughout the current session. Also, the Veteran was reminded that the

provider will confirm the veteran's location at the time of the call and engage in emergency services per local policy if the Veteran reports any emergencies during the session.

Today's session focused on discussing the following scenerio; " where do you see yourself one year from now in terms of your plans and goals and what stratgies need to be employed to achieve your goals, and what barriers are expected". Group therapist shared with group members that being charged with

DUI is a very serious event which has great legal/social/financial/emotional consequences. DUI charges might stand as a major barrier to one's future plans and goals. One of the major goals of the program is to strengthen the individual's self confidence and motivation to achieve his/her personal goals.

The pt spoke about his/her plans and goals and described how he/she is going to achieve goals. Group also discussed the importance of abstinence, improving awareness, developing a positive attitude and how to overcome the rationalization for drinking. The pt realized that being charged with DUI has serious legal, social, psychological, financial consequences, however, it's

also a blessing in disguise and a great opportunity to make changes and improve quality of life. Pt also acknowledged that maintaining sobriety is a major part of his/her goals.

As session continued the group discussed the progressive and relapsing nature of addictive disorders, benefits of participation in treatment programs, utilizing psychiatric services if needed and how it helps one to break the denial process and improve quality of life. Group members were also given information on onfidentiality and HIPPA rules and regulations. The pt participated in the group discussion appropriately.

Diagnosis: Alcohol use disorder, moderate

THERAPEUTIC INTEVENTIONS USED: ☒ Behavioral ☐ cognitive ☒ ego supportive ☒ Insight oriented ☒ Psychoeducation ☒ empathic listening ☒ positive reinforcement ☐ coaching ☒ self reaffirmation techniques ☒ reassurance ☐ humour ☒ self disclosure ☐ confrontational techniques ☐ reality testing ☐ Role play.

THE PT'S PARTICIPATION IN
SESSION ☐ Resistant ☐ Neutral ☐ limited
responce ☒ Moderate Response ☐ Significant Response

A: The pt was alert and oriented x 3. The pt engaged in the session willingly and described his/her goals and various strategies and tools that will be utilized in order to accomplish his/her goals. Group members discussed the impact of drinking under the influence and how it has interfered with life in general. The consensus of the group is that drinking and driving is an extremely dangerous form of alcohol abuse and that it is a crime. The pt

acknowledged that consuming alcohol in any amount can interfere with an individual's judgment and that alcoholism is an addictive disorder. The pt acknowledged the consequences of drinking under the influence and how it could affect different areas of one's life. The pt was attentive and acknowledged

the fact that denial is a major barrier and that one needs to be free of denial before they could make meaningful changes with their addiction. The pt was attentive, asked pertinent questions, provided meaningful feedback to his peers and participated in the group discussion appropriately. The pt was receptive to insight oriented/cognitive/ supportive therapy and other social work intervention.

P: The pt will continue to attend DUI treatment groups on a weekly basis and will refrain from drinking and driving.

Patient Education :

Person/s taught:

>>> Patient

Learning preference/s:

>>> Auditory

Barriers to learning identified:

>>> No barriers identified

Readiness to learn:

>>> Motivated

Readiness to Learn:

Ready to learn at this time

By Discipline

Social Work Teaching Topic(s):

Advance Directives

Response to Education:

Answered questions correctly

Organ donation

Response to Education:

Asked appropriate questions

Programs/Resources

Response to Education:

Asked appropriate questions

Rights and Responsibilities were reviewed with veteran. He/She has been provided with written information and participated in a discussion related to his/her rights and responsibilities and patient safety. Veteran was encouraged to participate actively in his/her care and raise any issues or concerns to staff, and was provided an opportunity to ask questions.

Response to Education:

Asked appropriate questions

Education handouts provided

>>> Other:

Teaching method used:

>>> Verbal, Written, Video

Teaching Strategies:

Used age appropriate materials

Education Follow Up:

/es/ Sebastian T Thundathil, CSW
LICENSED CLINICAL SOCIAL WORKER
Signed: 12/18/2024 14:56

Date/Time: 13 Dec 2024 @ 1200

Note Title: VA RELEASE OF INFORMATION

Location: Miami FL VAMC

Signed By: DOS SANTOS,RICARDO PAES

Date/Time Signed: 13 Dec 2024 @ 1200

Note

LOCAL TITLE: VA RELEASE OF INFORMATION

STANDARD TITLE: ADMINISTRATIVE NOTE

DATE OF NOTE: DEC 13, 2024 ENTRY DATE: JAN 06, 2025@11:14:31

AUTHOR: DOS SANTOS,RICARDO EXP COSIGNER:

URGENCY: STATUS: COMPLETED

VistA Imaging - Scanned Document

*** SCANNED DOCUMENT ***

SIGNATURE NOT REQUIRED

Electronically Filed: 01/06/2025

by: RICARDO PAES DOS SANTOS

Date/Time: 09 Dec 2024 @ 1330

Note Title: PSYCHOLOGY NOTE

Location: Miami FL VAMC

Signed By: LEE,JENNIFER C

Co-signed By: LEE,JENNIFER C

Date/Time Signed: 10 Dec 2024 @ 1718

Note

LOCAL TITLE: PSYCHOLOGY NOTE

STANDARD TITLE: PSYCHOLOGY NOTE

DATE OF NOTE: DEC 09, 2024@13:30 ENTRY DATE: DEC 10, 2024@17:15:27

AUTHOR: LEE,JENNIFER C EXP COSIGNER:

URGENCY: STATUS: COMPLETED

VJP Court Note:

Date/Time/Duration of Service:

Broward Veteran Treatment Court hearing scheduled for 12/9/24 between 1330-1730 for 15-30 minutes

Risk Assessment / Safety:

The veteran is not considered to be at risk for self-harm at this time based on known risk factors and the lack of elicited S/H ideation or intent throughout the current contact.

Veteran noted no safety concerns at this time.

The veteran is aware of how to seek emergency help in crisis via 911, nearest emergency room, or contacting the crisis hotline (phone number provided). Veteran was informed that he can contact this provider via phone, or if he has emergent needs, he can walk-in to the clinic. When asked, the veteran denied a need for any additional or immediate mental health services at this time.

Diagnosis:

Legal problems

Service/Purpose:

Veteran's Justice Outreach Program Team attended Broward Veteran's Treatment

court hearing: 1) Review of hospital/medical records. 2) Veteran Case Management and 3) Interpretation/explanation of mental health evaluations/treatment/progress/procedures to court officials and other responsible parties.

Outcome/Plan:

The veteran participated in today's hearing. The veteran played an active role in the discussion of their compliance in terms of both court and treatment requirements. Appointment history and treatment progress was addressed with the veteran. Attending the DUI group consistently. Attending The veteran was given opportunity to ask questions and clarify relevant barriers or issues affecting compliance. Coordination and/or confirmation of future appointments was discussed. The veteran's next court date was tentatively discussed by the court; however, the veteran will be directly

contacted by court to confirm next hearing. The veteran was encouraged to continue with MH treatment. VJP will continue to follow-up with veteran, attorneys, and Broward Veteran's Treatment Court as needed.

Tentative Hearing Reset Date: 2/10/25

/es/ Jennifer C. Lee, Psy.D.
 STAFF PROVIDER
 Signed: 12/10/2024 17:18

Receipt Acknowledged By:
 12/26/2024 10:38 /es/ CLARENCE OFFICE JR
 PEER SUPPORT SPECIALIST

Date/Time:	27 Nov 2024 @ 1457
Note Title:	SOCIAL WORK GROUP NOTE
Location:	Miami FL VAMC
Signed By:	THUNDATHIL,SEBASTIAN T
Co-signed By:	THUNDATHIL,SEBASTIAN T
Date/Time Signed:	27 Nov 2024 @ 1458

Note

LOCAL TITLE: SOCIAL WORK GROUP NOTE
 STANDARD TITLE: SOCIAL WORK GROUP COUNSELING NOTE
 DATE OF NOTE: NOV 27, 2024@14:57 ENTRY DATE: NOV 27, 2024@14:57:19
 AUTHOR: THUNDATHIL,SEBASTIA EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

S/O: The pt attended the DUI/ alcohol group therapy session today for 60 minutes. Nine members were present. This session was held and completed by a video encounter after receiving verbal consent from the patient with the understanding that HIPPA compliance is not guaranteed. Issues regarding confidentiality of information disclosed by this patient, privacy concerning mental health, medical and other personal/sensitive information, and consent to participate fully in the therapy were addressed with the veteran in detail prior to the session, reviewed at the start of the session, and will continue to be reviewed as needed. The veteran is not considered to be a high risk for self-harm at this time based on known risk factors and the lack of elicited S/H ideation or intent throughout the current session. Also, the Veteran was reminded that the provider will confirm the veteran's location at the time of the call and engage in emergency services per local policy if the Veteran reports any emergencies during the session.

Holidays are generally difficult for people with addiction as it can be a testing time and it questions one's ability to stay healthy and sober. Unrealistic expectations, over-commitment, unhealthy eating, financial strain

and fatigue can fray emotions. Travel complications and busy schedules can add to the stress, as well. One might be spending holidays away from his/her addiction recovery support system and sober routines, which can make more vulnerable to relapse. Holiday customs, childhood memories and annual gatherings that are closely associated with drug or alcohol use can also trigger unwanted emotions and put recovery at risk.

In view of the Thanksgiving/ Christmas/ Newyear holiday season, the group discussed different problems substance abusers face in this stressful time and spoke about effective coping skills. The group discussed specific relapse prevention plans and how to stay safe and healthy during the holiday season. Group reviewed practical tips to help avoid relapse and stay sober during the holidays and beyond. Group therapist offered seven tips to help people navigate through the holidays and keep sobriety intact.

- 1: Take one day at a time and have a plan for each day
- 2: Be aware of possible triggers
- 3: Rely on your support system
- 4: Take good care of yourself
- 5: Bring your own beverage
- 6: Prepare your responses
- 7: Spend time helping others

Following are some of the tips/suggestions emerged during the group process: Have Sober Strategies in Place; attitude adjustment, be of service to others/volunteer work; Be Mindful of What we are Drinking? and Thinking; associate with people who are sober, spending time with family; comply with treatment regimen/groups/therapy appointments; stay connected with God/spirituality, have a plan to protect sobriety, keep busy, healthy eating, exercise etc. The pt participated in the group appropriately.

Diagnosis: Alcohol Use disorder, moderate

THERAPEUTIC INTERVENTIONS USED: ☒ Behavioral ☒ cognitive ☒ ego supportive ☒ Insight oriented ☒ Psychoeducation ☒ empathic listening ☒ positive reinforcement ☐ coaching ☐ self reaffirmation techniques ☐ reassurance ☐ self disclosure ☐ confrontational techniques ☒ reality testing ☐ Role play.

THE PT'S PARTICIPATION IN
SESSION ☐ Resistant ☐ Neutral ☐ limited
response ☒ Moderate Response ☐ Significant Response

A: The pt was alert and oriented x 3. Speech was coherent and relevant. Insight and judgment were good. The pt was attentive, asked pertinent questions and provided meaningful feedback to peers. The pt acknowledged that although holidays are happy times, however, it can also trigger mood disturbances for certain individuals. The pt spoke specific relapse prevention plans his holiday plans. The pt was receptive to insight oriented/ supportive counseling and other social work intervention.

P: The pt will continue to attend the DUI/Alcohol group therapy program on a weekly basis and will refrain from drinking and driving.

Patient Education :

Person/s taught:

>>> Patient

Learning preference/s:

>>> Visual, Auditory

Barriers to learning identified:

>>> No barriers identified

Readiness to learn:

>>> Motivated

Readiness to Learn:

Ready to learn at this time

By Discipline

Teaching Topic(s):

Rights and Responsibilities were reviewed with veteran. He/She has been provided with written information and participated in a discussion related to his/her rights and responsibilities and patient safety. Veteran was encouraged to participate actively in his/her care and raise any issues or concerns to staff, and was provided an opportunity to ask questions.

Response to Education:

Group education no individual response

Education handouts provided

>>> Other:

Teaching method used:

>>> Verbal, Written, Video

Teaching Strategies:

Used age appropriate materials

Information was provided within belief system, cultural or religious comfort measures were explored

Provided written and illustrated instructions, and encouraged frequent repetition

One idea at a time was presented slowly and clearly

/es/ Sebastian T Thundathil, CSW

LICENSED CLINICAL SOCIAL WORKER

Signed: 11/27/2024 14:58

Date/Time:	23 Oct 2024 @ 1459
Note Title:	SOCIAL WORK TELEPHONE NOTE
Location:	Miami FL VAMC
Signed By:	THUNDATHIL,SEBASTIAN T
Co-signed By:	THUNDATHIL,SEBASTIAN T

Date/Time Signed: 23 Oct 2024 @ 1622

Note

LOCAL TITLE: SOCIAL WORK TELEPHONE NOTE
STANDARD TITLE: SOCIAL WORK TELEPHONE ENCOUNTER NOTE
DATE OF NOTE: OCT 23, 2024@14:59 ENTRY DATE: OCT 23, 2024@15:00:03
AUTHOR: THUNDATHIL,SEBASTIA EXP COSIGNER:
URGENCY: STATUS: COMPLETED

In response to a treatment referral from Metro Traffic school and VJO program, the pt began attending the DUI/Alcohol treatment program at the William "Bill"

Kling VA clinic on 07/17/2024. As per the established treatment plans, the pt has formally completed the prescribed treatment on 10/23/24.

The pt attended a brief individual psychotherapy session today which mainly focused on discussing her current clinical functioning and the discharge plans. This session was held and completed by a telephone/video encounter after receiving verbal consent from the patient with the understanding that HIPPA compliance is not guaranteed.

The session also focused on discussing his efforts to comply with the /clinical/DMV requirements stem from his DUI, maintain a productive/ sober lifestyle, addiction issues, family relationships, relapse prevention plans,employment plans, involvement in VJO program and other aspects of his social/ emotional functioning.

During this session, the pt spoke about the positive changes occurred in his thought process as a result of attending the DUI/alcohol group therapy program. The pt stated, " in the beginning I was actually not happy that I had

to attend this program, but as I continued and listened to other people I realized the importance of this program; mental healthwise I am in a much better

place right now, I feel much better, I want to thank you for your assistance; my case is currently at the Vet court, I like to continue to attend the DUI group on a monthly basis as required".

Copy of the discharge summary will be forwarded to VA medical records for filing and will be sent to the pt and Metro Traffic school, the referring agency by US mail. The pt is in agreement with the discharge plans.

THERAPEUTIC INTERVENTIONS USED:___x Behavioral___x cognitive___x ego supportive___x Insight oriented___x Psychoeducation___Other: positive reinforcement, empathic listening, home work assignments, reality testing techniques.

PATIENT'S BEHAVIOR: verbal, open, friendly, attentive, cooperative

THE PT'S PARTICIPATION IN

SESSION _____ Resistant _____ Neutral _____ limited
response ____x____ Moderate Response _____ Significant Response _____

Risk Intervention: The pt was also informed of the availability of VA crisis hotline, earlier psychotherapy/ psychiatric appointments if needed and also the accessibility to Miami VA and local hospitals for psychiatric emergency/ crisis evaluation and or admission if deemed necessary. The pt verbalized understanding of the these services.

Diagnosis: Alcohol use disorder, moderate

Time: 30 minutes

P : The pt will continue to attend DUI/Alcohol group session on a monthly basis (4th wednesday of the month) and will refrain from drinking and driving.

The pt will comply with his treatment plans/ goals.

/es/ Sebastian T Thundathil, CSW
LICENSED CLINICAL SOCIAL WORKER
Signed: 10/23/2024 16:22

Receipt Acknowledged By:
10/28/2024 08:25 /es/ Jennifer C. Lee, Psy.D.
STAFF PROVIDER

Date/Time:	23 Oct 2024 @ 1127
Note Title:	SOCIAL WORK GROUP NOTE
Location:	Miami FL VAMC
Signed By:	THUNDATHIL,SEBASTIAN T
Co-signed By:	THUNDATHIL,SEBASTIAN T
Date/Time Signed:	23 Oct 2024 @ 1447

Note

LOCAL TITLE: SOCIAL WORK GROUP NOTE
STANDARD TITLE: SOCIAL WORK GROUP COUNSELING NOTE
DATE OF NOTE: OCT 23, 2024@11:27 ENTRY DATE: OCT 23, 2024@11:27:30
AUTHOR: THUNDATHIL,SEBASTIA EXP COSIGNER:
URGENCY: STATUS: COMPLETED

S/O: The pt attended the DUI/ alcohol group therapy session today for 60

minutes. Eight members were present. This session was held and completed by a telemedicine encounter after receiving verbal consent from the patient with the understanding that HIPAA compliance is not guaranteed. Issues regarding confidentiality of information disclosed by this patient, privacy concerning mental health, medical and other personal/sensitive information, and consent to participate fully in the therapy were addressed with the veteran in detail prior to the session, reviewed at the start of the session, and will continue to be reviewed as needed. The veteran is not considered to be a high risk for self-harm at this time based on known risk factors and the lack of elicited S/H ideation or intent throughout the current session. Also, the Veteran was reminded that the provider will confirm the veteran's location at the time of the call and engage in emergency services per local policy if the Veteran reports any emergencies during the session.

Today's group session focused on discussing the following case scenario; David is a 24-year old, OIF/OEF era veteran who returned from Iraq five days ago after being involved in intense combat operations for eight months. He was never diagnosed with PTSD, however presents with symptoms such as flashbacks, nightmares, poor sleep, depressed mood, irritability and vague suicidal ideations. Prior to joining military at age 22, David drank 3 to 4 drinks on weekends. David met with some of his military buddies in a bar in Miami south beach and he consumed six drinks in a four- hour period. On his way home around 1.30am, David was stopped by highway police as he was found to be driving at 105 MPH in I-95 in Broward county. As officer was walking towards David, he had a flashback triggered by the presence of palm trees at that location and the uniform of the officer. David felt he was in a combat situation in Iraq and became physically assaultive to the officer without any provocation. David was arrested for DUI with a BAC of 0.12 and was convicted with the following sentencing; suspension of license for 12 months, 12 months probation, 50 hour community service and completion of level 1 DUI program. Upon completion of level 1 DUI program David was referred to alcohol treatment at the Bill Kling VA clinic. David was very angry that he was mandated to attend treatment and he stated the following during the intake session, " I am not an alcoholic, I don't need treatment, I made a mistake, you guys are crazy".

Questions:

- 1: Do you think David has alcohol problem?
- 2: Do you think David can benefit from treatment?
- 3: What are the punishable offenses David committed.
- 4: What type of sentencing would best fit in this case scenario.

This case elicited different ideas, suggestions and responses among the group members. The group members actively discussed different aspects of this case and learned the clinical aspects of DUI, progressive nature of addictive disorders and realized why the government takes serious actions against DUI. The group consenses is that alcoholism is a serious clinical problem and DUI is a symptom of this illness and a crime. As session continued, the group discussed different aspects of denial such as rationalizing, minimizing,

intellectualizing, diverting, hostility etc. Group also discussed how denial can be broken and begin the process of recovery. Group therapist encouraged the patient to focus on the clinical aspects of his/her problem and how to deal with denial. Group consenses is that all individuals attending the DUI/Alcohol treatment program has an addiction problem at some level. Group also discussed how PTSD, clinical depression and various addictive disorders are connected on a clinical level.

THERAPEUTIC INTEVENTIONS USED: ☒ Behavioral ☐ cognitive ☒ ego supportive ☐ Insight oriented ☒ Psychoeducation ☒ empathic listening ☒ positive reinforcement ☐ coaching ☐ self reaffirmation techniques ☒ reassurance ☐ self disclosure ☒ confrontational techniques ☐ reality testing.

THE PT'S PARTICIPATION IN
SESSION ☐ Resistant ☐ Neutral ☐ limited
response ☒ Moderate Response ☐ Significant Response

Diagnosis: Alcohol Use disorder, moderate

A: The pt was alert and oriented x 3. The pt acknowledged that consuming alcohol in any amount can interfere with an individual's judgment and that alcoholism is an addictive disorder. The pt acknowledged the consequences of drinking under the influence and how it could affect different areas of one's life. The pt learned that alcohol use disorder is a progressive illness and it could also trigger a number of mental health problems. The pt was attentive and acknowledged the fact that denial is a major barrier and that one needs to be free of denial before they could make meaningful changes with their addiction. The pt was receptive to insight oriented/ supportive counseling and other social work intervention.

P: The pt will continue to attend the DUI group therapy program on a weekly basis and will refrain from drinking and driving.

Patient Education :

Person/s taught:

>>> Patient

Learning preference/s:

>>> Visual, Auditory

Barriers to learning identified:

>>> No barriers identified

Readiness to learn:

>>> Motivated

Readiness to Learn:

Ready to learn at this time

By Discipline

Teaching Topic(s):

Education handouts provided

>>> Other:

Teaching method used:

>>> Verbal, Written, Video

Teaching Strategies:
Education Follow Up:
>>> Patient to call with questions, Continue education next visit

/es/ Sebastian T Thundathil, CSW
LICENSED CLINICAL SOCIAL WORKER
Signed: 10/23/2024 14:47

Date/Time:	16 Oct 2024 @ 1140
Note Title:	SOCIAL WORK GROUP NOTE
Location:	Miami FL VAMC
Signed By:	THUNDATHIL,SEBASTIAN T
Co-signed By:	THUNDATHIL,SEBASTIAN T
Date/Time Signed:	16 Oct 2024 @ 1148

Note

LOCAL TITLE: SOCIAL WORK GROUP NOTE
STANDARD TITLE: SOCIAL WORK GROUP COUNSELING NOTE
DATE OF NOTE: OCT 16, 2024@11:40 ENTRY DATE: OCT 16, 2024@11:41:06
AUTHOR: THUNDATHIL,SEBASTIA EXP COSIGNER:
URGENCY: STATUS: COMPLETED

S/O: The pt attended the DUI/alcohol group therapy session today for 60 minutes. Nine members were present. This session was held and completed by a telemedicine encounter after receiving verbal consent from the patient with the understanding that HIPAA compliance is not guaranteed. Issues regarding confidentiality of information disclosed by this patient, privacy concerning mental health, medical and other personal/sensitive information, nd consent to participate fully in the therapy were addressed with the veteran in detail prior to the session, reviewed at the start of the session, and will continue to be reviewed as needed. The veteran is not considered to be a high risk for self-harm at this time based on known risk factors and the lack of elicited S/H ideation or intent throughout the current session. Also, the Veteran was reminded that the provider will confirm the veteran's location at the time of the call and engage in emergency services per local policy if the Veteran reports any emergencies during the session.

Group session initially focused on discussing various aspects of confidentiality, HIPPA requirements and this SW's nature involvement with

referring agencies such as metro Traffic school and Broward-Dade Safety Council. Group therapist then provided information on DSM 5 diagnostic criteria for Alcohol use disorder and various treatment options available for alcohol/substance abuse problems, such as Detox, inpatient treatment, residential programs, half way hosues, outpatient treatment, self hel groups(AA, NA, 12 steps)medication treatment etc. The group then focused on processing the following four questions.

1. How many drinks you had on the day you got your DUI?
2. Did you think you were impaired ?
3. Is judgment affected by driniking
4. Knowing what you know about alcohol now, what would you do differently if you have the opportunity to relive that day?

Group members admitted that drinking and/or using drugs impair individual's

ability to drive safely and safe amount would vary from person to person depending on various circumstances. It was observed that some members are still in denial and is unable to stop drinking despite having faced with serious consequences. Upon completion of this task, group members had a very active and meaningful discussion on different aspects of alcoholism and drinking and driving. Group therapist counseled the group members of the importance of perceiving the DUI groups as an opportunity to discuss their problems, do a serious self evaluation and to facilitate positive changes in their behaviours. Group discussed the importance of developing relapse prevention strategies, need for engaging in therapeutic activities/ ongoing treatment and how to overcome the rationalization for drinking. The pt spoke about difficulties involved in dealing with social situations where alcohol is involved and the importance of avoiding people, places and things. The pt participated in the discussion appropriately.

Diagnosis: Alcohol use disorder, moderate

THERAPEUTIC INTEVENTIONS USED: ☒ Behavioral ☐ cognitive ☒ ego supportive ☒ Insight oriented ☒ Psychoeducation ☒ empathic listening ☒ positive reinforcement ☐ coaching ☐ self reaffirmation techniques ☒ reassurance ☐ self disclosure ☐ confrontational techniques ☒ reality testing ☐ Role play.

THE PT'S PARTICIPATION IN

SESSION ☐ Resistant ☐ Neutral ☐ limited response ☒ Moderate Response ☐ Significant Response

A: The pt was alert and oriented x 3. Group engaged in a very active/meaningful discussion and debate on these topics. The pt was attentive and participated in the group discussion appropriately. The consensus of the group is that drinking and driving is an extremely dangerous form of alcohol abuse and that it is a crime. The pt acknowledged the importance refraining from drinking and driving and the benefits of abstinence. The pt, along with his peers, learned that alcohol addiction is a progressive illness and the best course of action to lead a peaceful/healthy life is to remain sober. The pt was receptive to insight oriented/ supportive counseling and other social

work intervention.

P: The pt will continue to attend DUI group therapy program on a weekly basis and will refrain from drinking and driving.

Patient Education :

Person/s taught:

>>> Patient

Learning preference/s:

>>> Visual, Auditory

Barriers to learning identified:

>>> No barriers identified

Readiness to learn:

>>> Motivated

Readiness to Learn:

Ready to learn at this time

By Discipline

Teaching Topic(s):

Rights and Responsibilities were reviewed with veteran. He/She has been provided with written information and participated in a discussion related to his/her rights and responsibilities and patient safety. Veteran was encouraged to participate actively in his/her care and raise any issues or concerns to staff, and was provided an opportunity to ask questions.

Response to Education:

Group education no individual response

Education handouts provided

>>> Other:

Teaching method used:

>>> Verbal, Written, Video

Teaching Strategies:

Used age appropriate materials

Information was provided within belief system, cultural or religious comfort measures were explored

Provided written and illustrated instructions, and encouraged frequent repetition

One idea at a time was presented slowly and clearly

Education Follow Up:

/es/ Sebastian T Thundathil, CSW
LICENSED CLINICAL SOCIAL WORKER
Signed: 10/16/2024 11:48

Note Title:	SOCIAL WORK GROUP NOTE
Location:	Miami FL VAMC
Signed By:	THUNDATHIL,SEBASTIAN T
Co-signed By:	THUNDATHIL,SEBASTIAN T
Date/Time Signed:	09 Oct 2024 @ 1222

Note

LOCAL TITLE: SOCIAL WORK GROUP NOTE
STANDARD TITLE: SOCIAL WORK GROUP COUNSELING NOTE
DATE OF NOTE: OCT 09, 2024@11:52 ENTRY DATE: OCT 09, 2024@11:52:40
AUTHOR: THUNDATHIL,SEBASTIA EXP COSIGNER:
URGENCY: STATUS: COMPLETED

S/O: The pt attended the DUI/alcohol group therapy session today for 60 minutes. Ten members were present. This session was held and completed by a telemedicine encounter after receiving verbal consent from the patient with the understanding that HIPAA compliance is not guaranteed. Issues regarding confidentiality of information disclosed by this patient, privacy concerning mental health, medical and other personal/sensitive information, and consent to participate fully in the therapy were addressed with the veteran in detail prior to the session, reviewed at the start of the session, and will continue to be reviewed as needed. The veteran is not considered to be a high risk for self-harm

at this time based on known risk factors and the lack of elicited S/H ideation or intent throughout the current session. Also, the Veteran was reminded that the provider will confirm the veteran's location at the time of the call and

engage in emergency services per local policy if the Veteran reports any emergencies during the session.

Group session initially focused on discussing various aspects of confidentiality, HIPPA requirements and this SW's nature involvement with referring agencies such as metro Traffic school and Broward-Dade Safety Council. The group then examined and discussed various aspects of the saying"

" once an addict always an addict". Group therapist also provided information on DSM 5 diagnostic criteria for Alcohol use disorder. The group then discussed plans and goals and their likely relationship with alcohol in future. Group members admitted that drinking and/or using drugs impair individual's ability to drive safely and safe amount would vary from person to person depending on various circumstances. It was observed that some members are still in denial and is unable to stop drinking despite having faced with serious consequences. Upon completion of this task, group members had a very active and meaningful discussion on different aspects of alcoholism and drinking and driving. Group therapist counseled the group members of the importance of perceiving the DUI groups as an opportunity to discuss their problems, do a serious self evaluation and to facilitate positive changes in

their behaviours. Group discussed the importance of developing relapse prevention strategies, need for engaging in therapeutic activities/ ongoing treatment and how to overcome the rationalization for drinking. The pt spoke about difficulties involved in dealing with social situations where alcohol is involved and the importance of avoiding people, places and things. The pt participated in the discussion appropriately.

Diagnosis: Alcohol use disorder, moderate

THERAPEUTIC INTEVENTIONS USED: ☒ Behavioral ☐ cognitive ☒ ego supportive ☒ Insight oriented ☒ Psychoeducation ☒ empathic listening ☒ positive reinforcement ☐ coaching ☐ self reaffirmation techniques ☒ reassurance ☐ self disclosure ☐ confrontational techniques ☒ reality testing ☐ Role play.

THE PT'S PARTICIPATION IN

SESSION ☐ Resistant ☐ Neutral ☐ limited response ☒ Moderate Response ☐ Significant Response

A: The pt was alert and oriented x 3. Group engaged in a very active/meaningful discussion and debate on these topics. The pt was attentive and participated in the group discussion appropriately. The consensus of the group is that drinking and driving is an extremely dangerous form of alcohol abuse and that it is a crime. The pt acknowledged the importance refraining from drinking and driving and the benefits of abstinence. The pt, along with his peers, learned that alcohol addiction is a progressive illness and the best course of action to lead a peaceful/healthy life is to remain sober. The pt was receptive to insight oriented/ supportive counseling and other social work intervention.

P: The pt will continue to attend DUI group therapy program on a weekly basis and will refrain from drinking and driving.

Patient Education :

Person/s taught:

>>> Patient

Learning preference/s:

>>> Visual, Auditory

Barriers to learning identified:

>>> No barriers identified

Readiness to learn:

>>> Motivated

Readiness to Learn:

Ready to learn at this time

By Discipline

Teaching Topic(s):

Rights and Responsibilities were reviewed with veteran. He/She has been provided with written information and participated in a discussion related to his/her rights and responsibilities and patient safety. Veteran was encouraged to participate actively in his/her care and raise any issues or concerns to staff, and was

provided an opportunity to ask questions.

Response to Education:

Group education no individual response

Education handouts provided

>>> Other:

Teaching method used:

>>> Verbal, Written, Video

Teaching Strategies:

Used age appropriate materials

Information was provided within belief system, cultural or religious
 comfort measures were explored

Provided written and illustrated instructions, and encouraged frequent
 repetition

One idea at a time was presented slowly and clearly

Education Follow Up:

/es/ Sebastian T Thundathil, CSW

LICENSED CLINICAL SOCIAL WORKER

Signed: 10/09/2024 12:22

Date/Time:	02 Oct 2024 @ 1351
Note Title:	SOCIAL WORK GROUP NOTE
Location:	Miami FL VAMC
Signed By:	THUNDATHIL,SEBASTIAN T
Co-signed By:	THUNDATHIL,SEBASTIAN T
Date/Time Signed:	02 Oct 2024 @ 1352

Note

LOCAL TITLE: SOCIAL WORK GROUP NOTE

STANDARD TITLE: SOCIAL WORK GROUP COUNSELING NOTE

DATE OF NOTE: OCT 02, 2024@13:51 ENTRY DATE: OCT 02, 2024@13:52:04

AUTHOR: THUNDATHIL,SEBASTIA EXP COSIGNER:

URGENCY: STATUS: COMPLETED

S/O: The pt attended the DUI/alcohol group therapy session today for 60 minutes. Seven members were present. This session was held and completed by a telemedicine encounter after receiving verbal consent from the patient with the understanding that HIPAA compliance is not guaranteed. Issues regarding confidentiality of information disclosed by this patient, privacy concerning mental health, medical and other personal/sensitive information, and consent to participate fully in the therapy were addressed with the veteran in detail prior to the session, reviewed at the start of the session, and will continue to be reviewed as needed. The veteran is not considered to be a high risk for self-harm at this time based on known risk factors and the lack of elicited

S/H ideation or intent throughout the current session. Also, the Veteran was reminded that the provider will confirm the veteran's location at the time of the call and engage in emergency services per local policy if the Veteran reports any emergencies during the session.

Today's group focused on discussing the following scenerio; Is consuming one drink every day a sign of alcoholism? Group therapist described the case of a 65 year old male, an iron worker who has a hard job during the day time and every evening he consumes one drink (whiskey) with dinner; is this considered social drinking or problematic drinking; does this iron worker has alcohol problem at any level; Group members had an active discussion on above scenerio and various aspects of alcoholism and addictive behaviors. As session continued group also examined following relevant concepts in alcoholism such as Co dependency, dry alcoholic, Tolerance etc.

Therapist provided information on different treatment options available to address alcohol problems such as Inpt/ outpt/ residential programs and NA/ AA meetings. The pt realized that being charged with DUI has serious legal, social, psychological, financial consequences, however, it's also a blessing

in disguise and a great opportunity to make changes and improve quality of life. The group consensus was that most people charged with DUI suffer from some level of alcohol problem and abstinence is the best action to prevent another DUI. The pt participated in this group activity appropriately.

Diagnosis: Alcohol use disorder, moderate

THERAPEUTIC INTEVENTIONS USED: ☒ Behavioral ☐ cognitive ☒ ego supportive ☒ Insight oriented ☒ Psychoeducation ☒ empathic listening ☒ positive reinforcement ☐ coaching ☐ self reaffirmation techniques ☒ reassurance ☐ self disclosure ☐ confrontational techniques ☒ reality testing ☐ Role play.

THE PT'S PARTICIPATION IN

SESSION ☐ Resistant ☐ Neutral ☐ limited response ☒ Moderate Response ☐ Significant Response

A: The pt was alert and oriented x 3. Group engaged in a very active/meaningful discussion and at times debated these topics. The pt acknowledged that consuming alcohol in any amount can interfere with an individual's judgment and that alcoholism is an addictive disorder. The pt acknowledged the consequences of drinking under the influence and how it could affect different areas of one's life. The pt was attentive and participated in the group discussion appropriately. The pt acknowledged the importance refraining from drinking and driving and the benefits of abstinence. The pt, along with his peers, learned that alcohol addiction is a progressive illness and the best course of action to lead a peaceful/healthy life is to remain sober. Group session also focused on discussing various aspects of confidentiality, HIPPA requirements and this SW's nature involvement with

referring agencies such as metro Traffic school and Broward-Dade Safety Council. The pt was receptive to insight oriented/ supportive counseling and other social work intervention.

P: The pt formally completed the program today. However, he will continue to attend DUI group therapy program on a monthly basis and will refrain from drinking and driving.

In response to a consult from the VJO program, the pt began attending the DUI/Alcohol treatment program at the William "Bill" Kling VA clinic on

10/27/2021. As per the established treatment plans, the pt has successfully completed the prescribed treatment on 03/02/22.

The pt will continue to attend the DUI/Alcohol group sessions on a monthly basis in order to support his sobriety and to comply with the VJO program requirements.

Patient Education :

Person/s taught:

>>> Patient

Learning preference/s:

>>> Visual, Auditory

Barriers to learning identified:

>>> No barriers identified

Readiness to learn:

>>> Motivated

Readiness to Learn:

Ready to learn at this time

By Discipline

Teaching Topic(s):

Rights and Responsibilities were reviewed with veteran. He/She has been provided with written information and participated in a discussion related to his/her rights and responsibilities and patient safety. Veteran was encouraged to participate actively in his/her care and raise any issues or concerns to staff, and was provided an opportunity to ask questions.

Response to Education:

Group education no individual response

Education handouts provided

>>> Other:

Teaching method used:

>>> Verbal, Written, Video

Teaching Strategies:

Used age appropriate materials

Information was provided within belief system, cultural or religious comfort measures were explored

Provided written and illustrated instructions, and encouraged frequent repetition

One idea at a time was presented slowly and clearly

Education Follow Up:

/es/ Sebastian T Thundathil, CSW
LICENSED CLINICAL SOCIAL WORKER
Signed: 10/02/2024 13:52

Date/Time:	25 Sep 2024 @ 1133
Note Title:	SOCIAL WORK GROUP NOTE
Location:	Miami FL VAMC
Signed By:	THUNDATHIL,SEBASTIAN T
Co-signed By:	THUNDATHIL,SEBASTIAN T
Date/Time Signed:	25 Sep 2024 @ 1347

Note

LOCAL TITLE: SOCIAL WORK GROUP NOTE
STANDARD TITLE: SOCIAL WORK GROUP COUNSELING NOTE
DATE OF NOTE: SEP 25, 2024@11:33 ENTRY DATE: SEP 25, 2024@11:33:56
AUTHOR: THUNDATHIL,SEBASTIA EXP COSIGNER:
URGENCY: STATUS: COMPLETED

S/O: The pt attended the DUI/alcohol group therapy session today for 60 minutes. Ten members were present. This session was held and completed by a telemedicine encounter after receiving verbal consent from the patient with the understanding that HIPAA compliance is not guaranteed. Issues regarding confidentiality of information disclosed by this patient, privacy concerning mental health, medical and other personal/sensitive information, and consent to participate fully in the therapy were addressed with the veteran in detail prior to the session, reviewed at the start of the session, and will continue to be reviewed as needed. The veteran is not considered to be a high risk for self-harm at this time based on known risk factors and the lack of elicited S/H ideation or intent throughout the current session. Also, the Veteran was reminded that the provider will confirm the veteran's location at the time of the call and engage in emergency services per local policy if the Veteran reports any emergencies during the session.

Group therapist initially provided information on confidentiality /HIPPA,

Suicide Risk prevention, Rights and responsibilities of pt and providers also reviewed various mental health services provided by the VA, VA suicide prevention program and the availability of crisis hot line for emergency mental health needs. Therapist also reviewed provisions of Baker act and Marchman act procedures.

The group then focused on today's topic ie: "Four stages of alcohol and drug rehab recovery". Group therapist shared the concept that when individuals with addiction problems decide to enter a professional alcohol treatment program, they begin a journey through four distinct stages of recovery(developed by National Institute on drug abuse)

1. Treatment initiation
2. Early abstinence
3. Maintaining abstinence
4. Advanced recovery

Most group members identified that they are in stage three and engaged actively in a meaningful discussion on this topic. Group also discussed the importance of abstinence, improving awareness, developing strategies for relapse prevention and how to overcome rationalization for drinking. The pt realized that being charged with DUI is a sign of his/her addiction problem, which also has serious legal, social, psychological, financial consequences. Group therapist encouraged the patient to focus on the clinical aspects of his/her problem and how to deal with warning signs of relapse. Group consenses is that all individuals attending the DUI/Alcohol treatment program has alcohol/substance abuse problem at some level.

Diagnosis: Alcohol use disorder, moderate

THERAPEUTIC INTEVENTIONS USED: ☒ Behavioral ☒ cognitive ☒ ego supportive ☒ Insight oriented ☒ Psychoeducation ☒ empathic listening ☒ positive reinforcement ☐ coaching ☐ self reaffirmation techniques ☒ reassurance ☐ self disclosure ☐ confrontational techniques ☒ reality testing ☐ Role play.

THE PT'S PARTICIPATION IN
SESSION ☐ Resistant ☐ Neutral ☐ limited
response ☒ Moderate Response ☐ Significant Response

A: The pt was alert and oriented x 3. Speech was coherent and relevant. The pt participated in the session appropriately and learned more about warning signs of relapse and relapse prevention plans. The pt developed insight into various behavioral/cognitive tools he can utilize on a daily basis that will promote better emotional/mental/physical health. The pt acknowledged the importance of refraining from drinking and driving and the benefits of abstinence. The pt realized that although dealing with DUI has caused lot of stress, it also provides an opportunity for change or a blessing in disguise. The pt learned that alcoholism is a disease which requires ongoing treatment. Some members in the group remained in a state denial and debated if they have

a drinking problem. These members received constructive/meaningful feedback from other members who are insightful of the nature of alcohol addiction. The pt acknowledged the fact that dealing with addiction is a complex process which involves a great deal of self awareness, cognitive restructuring, determination and stress management. The pt remained attentive throughout the session and verbalized interest in completing the program successfully. The pt was receptive to educational/supportive/ insight oriented counseling and other social work intervention.

P: The pt will continue to attend the DUI/Alcohol group therapy program and will refrain from drinking and driving.

Patient Education :

Patients language preference for health information is:
 English

What is your preferred method(s) for learning new information/skills?

>>> Listening, observing/watching, doing/practicing, reading

Health Literacy Confidence:*

How confident are you filling out medical forms by yourself?

Very Confident

Identified barriers/influences that may affect teaching/learning

>>> No barriers identified

Motivation and readiness to learn:

Yes, ready to learn at this time

Person/s taught:

>>> Patient

Education Topics:

Rights & responsibilities:

Rights and Responsibilities were reviewed with veteran. He/She has been provided with written information and participated in a discussion related to his/her rights and responsibilities and patient safety. Veteran was encouraged to participate actively in his/her care and raise any issues or concerns to staff, and was provided an opportunity to ask questions.

*Goal/Response:

Demonstrated skill/s correctly

Teaching method used:

/es/ Sebastian T Thundathil, CSW
 LICENSED CLINICAL SOCIAL WORKER
 Signed: 09/25/2024 13:47

Date/Time:	18 Sep 2024 @ 1145
Note Title:	SOCIAL WORK GROUP NOTE
Location:	Miami FL VAMC
Signed By:	THUNDATHIL,SEBASTIAN T
Co-signed By:	THUNDATHIL,SEBASTIAN T

Date/Time Signed: 18 Sep 2024 @ 1146

Note

LOCAL TITLE: SOCIAL WORK GROUP NOTE
STANDARD TITLE: SOCIAL WORK GROUP COUNSELING NOTE
DATE OF NOTE: SEP 18, 2024@11:45 ENTRY DATE: SEP 18, 2024@11:45:54
AUTHOR: THUNDATHIL,SEBASTIA EXP COSIGNER:
URGENCY: STATUS: COMPLETED

S/O: The pt attended the DUI/ alcohol group therapy session today for 60 minutes. Nine members were present. This session was held and completed by a telemedicine encounter after receiving verbal consent from the patient with the understanding that HIPAA compliance is not guaranteed. Issues regarding confidentiality of information disclosed by this patient, privacy concerning mental health, medical and other personal/sensitive information, and consent to participate fully in the therapy were addressed with the veteran in detail prior to the session, reviewed at the start of the session, and will continue to be reviewed as needed. The veteran is not considered to be a high risk for self-harm at this time based on known risk factors and the lack of elicited S/H ideation or intent throughout the current session. Also, the Veteran was reminded that the provider will confirm the veteran's location at the time of the call and engage in emergency services per local policy if the Veteran reports any emergencies during the session.

Today's group mainly focused on various aspects of "Denial" .

Group

discussed what is denial, different forms of denial and how denial is associated with addiction/ alcoholism. This presentation also explained the symptoms and detrimental effects of denial, demonstrated the forms denial can take, and practical ways to overcome it. Group then discussed different aspects of denial such as Blaming, minimizing, rationalizing, intellectualizing, diverting, anger, hostility etc. Group also discussed how denial can be broken and begin the process of recovery. Group therapist encouraged the patient to focus on the clinical aspects of his problem and how to deal with denial. Group consenses is that all individuals attending the DUI/Alcohol treatment program has an addiction problem at some level. Group discussed the importance of improving awareness, developing a positive attitude and how to overcome the rationalization for drinking.

THERAPEUTIC INTEVENTIONS USED:___x___ Behavioral___x___cognitive___ego
supportive ___x___ Insight oriented___x___ Psychoeducation___x___empathic
listening___x___ positive reinforcement___ coaching___ self reaffirmation
techniques___x___reassurance___ self disclosure___ confrontational
techniques___x___ reality testing.

THE PT'S PARTICIPATION IN
SESSION___Resistant___Neutral___limited

response___x___Moderate Response_____Significant Response

Diagnosis: Alcohol use disorder, moderate

A: The pt was alert and oriented x 3. Mood euthymic, affect congruent to mood. Speech was coherent and relevant. The pt was attentive and acknowledged the fact that denial is a major barrier and that one needs to be free of denial before they could make meaningful changes with their addiction. Group realized that denial is a normal psychological reaction to an overload of emotional pain. It also plays an important role in alcoholism and drug addiction. The pt was receptive to insight oriented/ supportive counseling and other social work intervention.

P: The pt will continue to attend the DUI/ Alcohol treatment program and will refrain from drinking and driving.

Patient Education :

Person/s taught:

>>> Patient

Learning preference/s:

>>> Visual, Auditory

Barriers to learning identified:

>>> No barriers identified

Readiness to learn:

>>> Motivated

Readiness to Learn:

Ready to learn at this time

By Discipline

Teaching Topic(s):

Education handouts provided

>>> Other:

Teaching method used:

>>> Verbal, Written, Video

Teaching Strategies:

Education Follow Up:

>>> Patient to call with questions, Continue education next visit

/es/ Sebastian T Thundathil, CSW

LICENSED CLINICAL SOCIAL WORKER

Signed: 09/18/2024 11:46

Date/Time:	16 Sep 2024 @ 1330
Note Title:	PSYCHOLOGY NOTE
Location:	Miami FL VAMC
Signed By:	LEE,JENNIFER C

Co-signed By: LEE,JENNIFER C

Date/Time Signed: 18 Sep 2024 @ 1203

Note

LOCAL TITLE: PSYCHOLOGY NOTE

STANDARD TITLE: PSYCHOLOGY NOTE

DATE OF NOTE: SEP 16, 2024@13:30 ENTRY DATE: SEP 18, 2024@12:01:40

AUTHOR: LEE,JENNIFER C EXP COSIGNER:

URGENCY: STATUS: COMPLETED

VJP Court Note:

Date/Time/Duration of Service:

Broward Veteran Treatment Court hearing scheduled for 9/17/24 between 1330-1730 for 15-30 minutes

Risk Assessment / Safety:

The veteran is not considered to be at risk for self-harm at this time based on known risk factors and the lack of elicited S/H ideation or intent throughout the current contact.

Veteran noted no safety concerns at this time.

The veteran is aware of how to seek emergency help in crisis via 911, nearest emergency room, or contacting the crisis hotline (phone number provided). Veteran was informed that he can contact this provider via phone, or if he has emergent needs, he can walk-in to the clinic. When asked, the veteran denied a need for any additional or immediate mental health services at this time.

Diagnosis:

Legal problems

Service/Purpose:

Veteran's Justice Outreach Program Team attended Broward Veteran's Treatment

court hearing: 1) Review of hospital/medical records. 2) Veteran Case Management and 3) Interpretation/explanation of mental health evaluations/treatment/progress/procedures to court officials and other responsible parties.

Outcome/Plan:

The veteran participated in today's hearing. The veteran played an active role in the discussion of their compliance in terms of both court and treatment requirements. Appointment history and treatment progress was addressed with the veteran. Attending DUI group and needs to do Peer Support Introduction. The veteran was given opportunity to ask questions and clarify relevant barriers or issues affecting compliance. Coordination and/or confirmation of future appointments was discussed. The veteran's next court

date was tentatively discussed by the court; however, the veteran will be directly contacted by court to confirm next hearing. The veteran was encouraged to continue with MH treatment. VJP will continue to follow-up with veteran, attorneys, and Broward Veteran's Treatment Court as needed.

Tentative Hearing Reset Date: 12/9/24

/es/ Jennifer C. Lee, Psy.D.
STAFF PROVIDER
Signed: 09/18/2024 12:03

Receipt Acknowledged By:
09/30/2024 09:52 /es/ CLARENCE OFFICE JR
PEER SUPPORT SPECIALIST

Date/Time:	16 Sep 2024 @ 1200
Note Title:	VA RELEASE OF INFORMATION
Location:	Miami FL VAMC
Signed By:	BAUTISTA-TAPIA,JENNIFER MARIE
Date/Time Signed:	16 Sep 2024 @ 1200

Note

LOCAL TITLE: VA RELEASE OF INFORMATION
STANDARD TITLE: ADMINISTRATIVE NOTE
DATE OF NOTE: SEP 16, 2024 ENTRY DATE: OCT 04, 2024@15:18:07
AUTHOR: BAUTISTA-TAPIA,JENN EXP COSIGNER:
URGENCY: STATUS: COMPLETED

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Electronically Filed: 10/04/2024
by: JENNIFER MARIE BAUTISTA-TAPIA
MAIL AND FILE CLERK

Date/Time:	11 Sep 2024 @ 1231
Note Title:	SOCIAL WORK GROUP NOTE
Location:	Miami FL VAMC
Signed By:	THUNDATHIL,SEBASTIAN T

Co-signed By: THUNDATHIL,SEBASTIAN T

Date/Time Signed: 11 Sep 2024 @ 1233

Note

LOCAL TITLE: SOCIAL WORK GROUP NOTE
STANDARD TITLE: SOCIAL WORK GROUP COUNSELING NOTE
DATE OF NOTE: SEP 11, 2024@12:31 ENTRY DATE: SEP 11, 2024@12:32:06
AUTHOR: THUNDATHIL,SEBASTIA EXP COSIGNER:
URGENCY: STATUS: COMPLETED

S/O: The pt attended the DUI/ alcohol group therapy session today for 60 minutes. Ten members were present. This session was held and completed by a video encounter after receiving verbal consent from the patient with the understanding that HIPPA compliance is not guaranteed. Issues regarding confidentiality of information disclosed by this patient, privacy concerning mental health, medical and other personal/sensitive information, and consent to participate fully in the therapy were addressed with the veteran in detail prior to the session, reviewed at the start of the session, and will continue to be reviewed as needed. The veteran is not considered to be a high risk for self-harm at this time based on known risk factors and the lack of elicited S/H ideation or intent throughout the current session. Also, the Veteran was reminded that the provider will confirm the veteran's location at the time of the call and engage in emergency services per local policy if the Veteran reports any emergencies during the session.

Today's session mainly focused on answering the following questions and engaging in discussion based on the pt's answers;

1: Does the punishment fit the crime(DUI), is the legal system fair?

2: If you were the arresting police officer would you have handled the situation differently?

3: Is there a safe amount when it comes to drinking and driving

Group members acknowledged that the punishment fits the crime, although most of them felt in the beginning that punishment was too harsh. The pt stated that the legal system may not be fair, but one has to accept the responsibility for their irresponsible behavior and needs to do whatever it takes to become functional again in life. As session continued the group discussed the benefits of maintaining sobriety and how it would promote healthy living. Group discussed the progressive nature of the illness, benefits of participation in treatment programs and how it helps one to break the denial process and improve quality of life. At the end of the session, group members were given the following home work assignment to be discussed in the next group; review eleven symptoms of alcohol use disorder (in Google) and do a self evaluation and find out how many symptoms he or she presents

with.

Diagnosis: Alcohol Use disorder, moderate

THERAPEUTIC INTEVENTIONS USED: ☒ Behavioral ☐ cognitive ☒ ego
supportive ☒ Insight oriented ☒ Psychoeducation ☒ empathic
listening ☒ positive reinforcement ☐ coaching ☐ self reaffirmation
techniques ☒ reassurance ☐ self disclosure ☒ confrontational
techniques ☒ reality testing ☐ Role play.

THE PT'S PARTICIPATION IN

SESSION ☐ Resistant ☐ Neutral ☐ limited
response ☒ Moderate Response ☐ Significant Response

A: The pt was alert and oriented x 3. speech was coherent and relevant. The pt acknowledged that being charged with DUI also has brought an appportunity for change and it would be the responsibility of the individual to make necessary changes in behaviors. The pt realized that denial is a major barrier and that one needs to be free of denial before they could make meaningful changes with their addiction. The pt was attentive, shared his feelings and thoughts openly and participated in the session appropriately. The pt was receptive to insight oriented/ cognitive/ supportive counseling and other social work intervention.

THE PT'S PARTICIPATION IN

SESSION ☐ Resistant ☐ Neutral ☐ limited
response ☒ Moderate Response ☐ Significant Response

P: The pt will continue to attend DUI group therapy program on a weekly basis and will refrain from drinking and driving.

Patient Education :

Person/s taught:

>>> Patient

Learning preference/s:

>>> Visual, Auditory

Barriers to learning identified:

>>> No barriers identified

Readiness to learn:

>>> Motivated

Readiness to Learn:

Ready to learn at this time

By Discipline

Teaching Topic(s):

Rights and Responsibilities were reviewed with veteran. He/She has been provided with written information and participated in a discussion related to his/her rights and responsibilities and patient safety. Veteran was encouraged to participate actively in his/her care and raise any issues or concerns to staff, and was provided an opportunity to ask questions.

Response to Education:

Group education no individual response
 Education handouts provided
 >>> Other:
 Teaching method used:
 >>> Verbal, Written, Video
 Teaching Strategies:
 Used age appropriate materials
 Information was provided within belief system, cultural or religious
 comfort measures were explored
 Provided written and illustrated instructions, and encouraged frequent
 repetition
 One idea at a time was presented slowly and clearly
 Education Follow Up:
 >>> Patient to call with questions, Continue education next visit

/es/ Sebastian T Thundathil, CSW
 LICENSED CLINICAL SOCIAL WORKER
 Signed: 09/11/2024 12:33

Date/Time:	04 Sep 2024 @ 1220
Note Title:	SOCIAL WORK GROUP NOTE
Location:	Miami FL VAMC
Signed By:	THUNDATHIL,SEBASTIAN T
Co-signed By:	THUNDATHIL,SEBASTIAN T
Date/Time Signed:	04 Sep 2024 @ 1222

Note

LOCAL TITLE: SOCIAL WORK GROUP NOTE
 STANDARD TITLE: SOCIAL WORK GROUP COUNSELING NOTE
 DATE OF NOTE: SEP 04, 2024@12:20 ENTRY DATE: SEP 04, 2024@12:21:04
 AUTHOR: THUNDATHIL,SEBASTIA EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

S/O: The pt attended the DUI/ alcohol group therapy session today for 60 minutes. Eight members were present. This session was held and completed by a telemedicine encounter after receiving verbal consent from the patient with the understanding that HIPAA compliance is not guaranteed. Issues regarding confidentiality of information disclosed by this patient, privacy concerning mental health, medical and other personal/sensitive information, and consent to participate fully in the therapy were addressed with the veteran in detail prior to the session, reviewed at the start of the session, and will continue to be reviewed as needed. The veteran is not considered to be a high risk for self-harm at this time based on known risk factors and the lack of elicited

S/H ideation or intent throughout the current session. Also, the Veteran was reminded that the provider will confirm the veteran's location at the time of the call and engage in emergency services per local policy if the Veteran reports any emergencies during the session.

Today's group discussson focused on "what is stress, what causes it and how can we better cope with it". As part of the discussion the pt identified a

major stressor he/she is facing at the present time and what kind of stress management techniques he/she has been utilizing to cope with the situaion. Members learned that stress is a universal phenomonon, everyone goes through it, it is inevitable and offered valuable feedback to each other. In addition to stress related to maintaining/achieving sobriety, some of the other identified stressors were financial, housing problems, issues with medication management, marital/childcare issues and legal issues. The pt realized that being charged with DUI has caused tremendous amount of social, psychological, financial stress, but he/she needs to accept responsibility and cope effectively.

As group progressed, therapist also offered information on various types of anxiety and depressive disorders, substance abuse problems, PTSD, personality disorders and available treatment options. Some group members indicated that they have been diagnosed with clinical depression and/or other forms of serious mental health problems and is receiving treatment. One member spoke about the recent loss of his baby and the amount of stress he and his wife are experiencing. Another member spoke about his friend's narcissistic behaviros

and how it has taken a toll in his life. Group also reviewd various mental health services provided by the VA, benefits of treatment, goals of psychotherapy, confidentiality /HIPPA, Suicide Risk prevention, Rights and responsibilities of pt and providers. Group members also given information on VA suicide prevention program and the availability of crisis hot line for emergency mental health needs.

THERAPEUTIC INTEVENTIONS USED: ☒ Behavioral ☐ cognitive ☒ ego supportive ☒ Insight oriented ☒ Psychoeducation ☒ empathic listening ☒ positive reinforcement ☐ coaching ☐ self reaffirmation techniques ☒ reassurance ☒ self disclosure ☐ confrontational techniques ☒ reality testing ☐ Role play.

THE PT'S PARTICIPATION IN
SESSION ☐ Resistant ☐ Neutral ☐ limited
responce ☒ Moderate Response ☐ Significant Response

Diagnosis: Alcohol Use disorder, moderate

A: The pt was alert and oriented x 3. Speech was coherent and relevant. The pt participated in the session appropriately and acknowledged that legal complications resulted from DUI has been causing lot of stress. The

pt learned several stress management techniques he can emply on a daily basis that will promote better emotional/mental/physical health. The pt acknowledged the importance of refraining from drinking and driving and the benefits of abstinence. The pt realized that although dealing with DUI has caused lot of stress, it also provides an opportunity for change or a blessing in disguise. The pt remained attentive throughout the session and verbalized interest in completing the program successfully. The pt was receptive to educational/supportive/ insight oriented counseling and other social work intervention.

P: The pt will continue to attend the DUI group therapy program and will refrain from drinking and driving.

Patient Education :
By Discipline
Teaching Topic(s):
Financial benefits
Comment: SC pension/FDVA
Person(s) taught:
>>> Patient
Barriers to learning identified:
>>> No barriers identified
Motivation to learn:
>>> Motivated
Learning preference:
>>> One-to-One
Teaching method used:
>>> Verbal, Written
Teaching Evaluation:
>>> Answer Questions, Ask Questions
Education Follow Up:
>>> Patient to call with questions

/es/ Sebastian T Thundathil, CSW
LICENSED CLINICAL SOCIAL WORKER
Signed: 09/04/2024 12:22

Date/Time:	28 Aug 2024 @ 1214
Note Title:	SOCIAL WORK GROUP NOTE
Location:	Miami FL VAMC
Signed By:	THUNDATHIL,SEBASTIAN T
Co-signed By:	THUNDATHIL,SEBASTIAN T
Date/Time Signed:	28 Aug 2024 @ 1215
Note	

LOCAL TITLE: SOCIAL WORK GROUP NOTE

STANDARD TITLE: SOCIAL WORK GROUP COUNSELING NOTE

DATE OF NOTE: AUG 28, 2024@12:14 ENTRY DATE: AUG 28, 2024@12:14:43

AUTHOR: THUNDATHIL, SEBASTIA EXP COSIGNER:

URGENCY: STATUS: COMPLETED

S/O: The pt attended the DUI/ alcohol group therapy session today for 60 minutes. Nine members were present. This session was held and completed by a telemedicine encounter after receiving verbal consent from the patient with the understanding that HIPAA compliance is not guaranteed. Issues regarding confidentiality of information disclosed by this patient, privacy concerning mental health, medical and other personal/sensitive information, and consent to participate fully in the therapy were addressed with the veteran in detail prior to the session, reviewed at the start of the session, and will continue to be reviewed as needed. The veteran is not considered to be a high risk for self-harm at this time based on known risk factors and the lack of elicited S/H ideation or intent throughout the current session. Also, the Veteran was reminded that the provider will confirm the veteran's location at the time of the call and engage in emergency services per local policy if the Veteran reports any emergencies during the session.

Today's session focused on examining various aspects of the following analogy

in order to provide insight into the progressive nature of alcohol addiction and to offer meaningful strategies to effectively deal with it. ("story of a

baby cobra"); A man once had a baby cobra as his pet and he raised the cobra

by providing lot of love, care and affection. Although he was warned by his friends and family that baby cobra can become a big dangerous/venomous king cobra in future, this man didn't listen and kept feeding the cobra. As expected one day this baby cobra became a king cobra and bit this man and killed him.

In this analogy, addictive and progressive nature of cobra is alcohol and the morale of the story is how can alcohol become a major problem and eventually become fatal.

This analogy facilitated an active discussion on different aspects of alcoholism/addiction. Following are some of the comments received from group members; I want to put the cobra in a cage; my cobra is very big and it's difficult to kill or put him in a cage; my cobra bit me before it grew; there are different types of cobra, it come in different shapes and colors; I don't

think I could completely get rid of the Cobra; ya, cobra bit me many times; I didn't know I was raising a cobra etc;

Group discussed the progressive nature of alcohol problem, importance of improving awareness, developing a positive attitude and how to overcome the rationalization for drinking. The group consenses is that those who are

charged with DUI has alcohol problem at some level. Group therapist counseled the pt of the importance of being open, honest and utilize the sessions as a unique and confidential forum where he can discuss, not only addiction issues, but also other life events and improve quality of life. The group consensus was that most people charged with DUI suffer from some level of alcohol problem and abstinence is the best action to prevent another DUI. Group also discussed various psychological factors associated with "denial" and how to break the denial process. The pt participated in the discussion appropriately. Group therapist counseled the group members of the importance of being open, honest and the importance of making cognitive and behavioral changes. Therapist encouraged the pt to utilize the sessions as a unique and confidential forum where they can discuss addiction related issues.

THERAPEUTIC INTERVENTIONS USED: ☒ Behavioral ☐ cognitive ☐ ego supportive ☒ Insight oriented ☒ Psychoeducation ☒ empathic listening ☒ positive reinforcement ☐ coaching ☐ self reaffirmation techniques ☒ reassurance ☒ self disclosure ☐ confrontational techniques ☐ reality testing ☐ Role play.

Diagnosis: Alcohol use disorder, moderate.

A: The pt was alert and oriented x 3. The pt was attentive and acknowledged that alcohol use disorder is a progressive illness. The pt acknowledged that the group provides an opportunity to develop insight into their alcohol related issues. The pt made relevant comments and provided meaningful feedback to his peers. The pt acknowledged the fact that dealing with addiction is a complex process which involves a great deal of self awareness, cognitive restructuring, determination and stress management. The pt was receptive to insight oriented/ supportive counseling and other social work intervention.

P: The pt will continue to attend the DUI/Alcohol group therapy program on a weekly basis and will refrain from drinking and driving.

Patient Education :

Person/s taught:

>>> Patient

Learning preference/s:

>>> Visual, Auditory

Barriers to learning identified:

>>> No barriers identified

Readiness to learn:

>>> Motivated

Readiness to Learn:

Ready to learn at this time

By Discipline

Teaching Topic(s):

Rights and Responsibilities were reviewed with veteran. He/She has been provided with written information and participated in a discussion related to his/her rights and responsibilities and patient safety. Veteran was encouraged to participate actively in

to participate fully in the therapy were addressed with the veteran in detail prior to the session, reviewed at the start of the session, and will continue to be reviewed as needed. The veteran is not considered to be a high risk for self-harm at this time based on known risk factors and the lack of elicited S/H ideation or intent throughout the current session. Also, the Veteran was reminded that the provider will confirm the veteran's location at the time of the call and engage in emergency services per local policy if the Veteran reports any emergencies during the session.

Those who haven't dealt with addiction first hand may not understand the long road that lies ahead. The person may think that once they stop using or drinking, their life will miraculously be better. However, recovery is often not that simple. The road to sustained recovery is often bumpy, and one issue that may arise is known "DRY DRUNK SYNDROME"

Today's session focused on reviewing and analyzing various aspects dry drunk syndrome and the importance of addressing this psychological problem in healthy ways and thereby improving quality of life. As part of the group process, members reviewed an article on dry drunk syndrome and explored if they are still struggling with symptoms/signs of this problem. Group also discussed what kind of behavioral and cognitive changes would help overcome this problem.

Group members learned that someone struggling with dry drunk syndrome may still maintain strained relationships with their loved ones and they might still suffer from unhealthy habits, both internally and externally. In short, while they may have quit drinking, the individual has yet to deal with the emotional baggage that led them to alcohol in the first place. Dry drunk syndrome can be overcome; it simply requires a willingness to uncover the root of one's addiction. There are a few telltale signs that indicate a person is

struggling with dry drunk syndrome;

- Resentment toward friends or family
- Anger and negativity surrounding recovery
- Depression, anxiety, and fear of relapse
- Jealousy of friends who are not struggling with addiction
- Romanticizing their drinking days
- Being self-obsessed
- Replacing the addiction with a new vice (e.g., sex, food, and internet use)
- etc.

As group progressed, members had an active discussion on different aspects of alcoholism and drinking and driving. Group discussed the importance of developing relapse prevention strategies, need for engaging in therapeutic activities/ ongoing treatment and how to overcome the rationalization for drinking. The pt learned that alcoholism is a disease which requires ongoing treatment. Group therapist counseled the group members of the importance of perceiving the DUI groups as an opportunity to discuss their problems, do a

serious self evaluation and to facilitate positive changes in their behaviours. Two graduating members of the program spoke about the positive changes that took place in their understanding of addiction issues and overall benefits of the program participation.

Diagnosis: Alcohol use disorder, moderate

THERAPEUTIC INTEVENTIONS USED: ☒ Behavioral ☐ cognitive ☒ ego supportive ☒ Insight oriented ☒ Psychoeducation ☒ empathic listening ☒ positive reinforcement ☐ coaching ☐ self reaffirmation techniques ☐ reassurance ☒ self disclosure ☐ confrontational techniques ☐ humour ☒ reality testing ☐ Role play.

THE PT'S PARTICIPATION IN

SESSION ☐ Resistant ☐ Neutral ☐ limited response ☒ Moderate Response ☐ Significant Response

A: The pt was alert and oriented x 3. The pt was attentive, engaged in the group process actively, asked pertinent questions, provided meaningful feedback to his peers and participated in the group discussion appropriately. The pt was able to identify certain signs of dry drunk syndrome that are still present in him and tools/resources that would help him overcome this problem. The pt acknowledged the consequences of drinking under the influence and how it could affect different areas of one's life. The pt was attentive and acknowledged the fact that denial is a major barrier and that one needs to be free of denial before they could make meaningful changes with their addiction. The pt was receptive to insight oriented/cognitive/ supportive therapy and other social work intervention.

P: The pt will continue to attend the DUI/Alcohol group therapy program and will refrain from drinking and driving.

Patient Education :

Patients language preference for health information is:

English

What is your preferred method(s) for learning new information/skills?

>>> Listening, observing/watching, doing/practicing, reading

Health Literacy Confidence: *

How confident are you filling out medical forms by yourself?

Very Confident

Identified barriers/influences that may affect teaching/learning

>>> No barriers identified

Motivation and readiness to learn:

Yes, ready to learn at this time

Person/s taught:

>>> Patient

Education Topics:

Rights & responsibilities:

Rights and Responsibilities were reviewed with veteran. He/She

/es/ Sebastian T Thundathil, CSW
LICENSED CLINICAL SOCIAL WORKER
Signed: 08/21/2024 13:07

Date/Time:	14 Aug 2024 @ 1211
Note Title:	SOCIAL WORK GROUP NOTE
Location:	Miami FL VAMC
Signed By:	THUNDATHIL,SEBASTIAN T
Co-signed By:	THUNDATHIL,SEBASTIAN T
Date/Time Signed:	14 Aug 2024 @ 1212

Note

LOCAL TITLE: SOCIAL WORK GROUP NOTE
STANDARD TITLE: SOCIAL WORK GROUP COUNSELING NOTE
DATE OF NOTE: AUG 14, 2024@12:11 ENTRY DATE: AUG 14, 2024@12:11:38
AUTHOR: THUNDATHIL,SEBASTIA EXP COSIGNER:
URGENCY: STATUS: COMPLETED

S/O: The pt attended the DUI/ alcohol group therapy session today for 60 minutes. Ten members were present. Due to the growing spread of COVID-19, this session was held and completed by a telemedicine encounter after receiving verbal consent from the patient with the understanding that HIPAA compliance is not guaranteed. Issues regarding confidentiality of information disclosed by this patient, privacy concerning mental health, medical and other personal/sensitive information, and consent to participate fully in the therapy were addressed with the veteran in detail prior to the session, reviewed at the start of the session, and will continue to be reviewed as needed. The veteran is not considered to be a high risk for self-harm at this time based on known risk factors and the lack of elicited S/H ideation or intent throughout the current session. Also, the Veteran was reminded that the provider will confirm the veteran's location at the time of the call and engage in emergency services per local policy if the Veteran reports any emergencies during the session.

Today's group session focused on discussing the following case scenerio.

Mr. J is a 68 year old, divorced, 100% service connected Vietnam veteran with a diagnosis of PTSD and Poly substance abuse (in full sustained remission). He was convicted for DUI three times and one more DUI means he will be spending many years in federal prison. His driving license is revoked for 10 years. He is currently attending the DUI/Alcohol treatment program at the VA clinic and also takes psychotropic medications to treat PTSD. His symptoms are depressed/anxious mood, nightmares, flashbacks, isolation, insomnia, poor motivation and suicidal thoughts. Mr. J is maintaining his sobriety for 22 months, however, it has become increasingly difficult and he is fearful of having another relapse. During a recent psychotherapy session, Mr. J stated, "I have no life, I am afraid to socialize with my friends, most of them are

Vietnam vets and they all drink, it's difficult not to drink when I am around them, I can't live like this, I don't know what to do?"

What are the clinical Issues?

1. Should he be allowed to drive again
2. Is it OK that Mr. J socializes with his friends who still abuse alcohol.
3. Can he ever use alcohol again in a social manner i.e.; having one drink on special occasions?
4. Do you think he is still in denial?

This case elicited different ideas, suggestions and responses among the group members. The group members actively discussed different aspects of this case and realized why the government takes serious actions against DUI. The group consenses is that alcoholism is a serious clinical problem and DUI is a symptom of this illness and a crime.

As session continued, the group discussed different aspects of denial such as rationalizing, minimizing, intellectualizing, diverting, hostility etc. Group also discussed how denial can be broken and begin the process of recovery. Group therapist encouraged the patient to focus on the clinical aspects of his/her problem and how to deal with denial. Group consenses is that all individuals attending the DUI/Alcohol treatment program has an addiction problem at some level. Group also discussed how PTSD and various addictive disorders are connected on a clinical level.

THERAPEUTIC INTEVENTIONS USED: ☒ Behavioral ☐ cognitive ☐ ego supportive ☐ Insight oriented ☐ Psychoeducation ☐ empathic listening ☐ positive reinforcement ☐ coaching ☐ self reaffirmation techniques ☐ reassurance ☐ self disclosure ☐ confrontational techniques ☐ reality testing.

THE PT'S PARTICIPATION IN
SESSION ☐ Resistant ☐ Neutral ☐ limited
response ☒ Moderate Response ☐ Significant Response

Diagnosis: Alcohol Use disorder, moderate

A: The pt was alert and oriented x 3. The pt acknowledged that consuming

alcohol in any amount can interfere with an individual's judgment and that alcoholism is an addictive disorder. The pt acknowledged the consequences of drinking under the influence and how it could affect different areas of one's life. The pt was attentive and acknowledged the fact that denial is a major barrier and that one needs to be free of denial before they could make meaningful changes with their addiction. The pt was receptive to insight oriented/ supportive counseling and other social work intervention.

P: The pt will continue to attend the DUI group therapy program on a weekly basis and will refrain from drinking and driving.

Patient Education :
 Person/s taught:
 >>> Patient
 Learning preference/s:
 >>> Visual, Auditory
 Barriers to learning identified:
 >>> No barriers identified
 Readiness to learn:
 >>> Motivated
 Readiness to Learn:
 Ready to learn at this time
 By Discipline
 Teaching Topic(s):
 Education handouts provided
 >>> Other:
 Teaching method used:
 >>> Verbal, Written, Video
 Teaching Strategies:
 Education Follow Up:
 >>> Patient to call with questions, Continue education next visit

/es/ Sebastian T Thundathil, CSW
 LICENSED CLINICAL SOCIAL WORKER
 Signed: 08/14/2024 12:12

Date/Time:	09 Aug 2024 @ 1208
Note Title:	VISN 8 CLINICAL CONTACT CENTER ADMIN NOTE
Location:	Miami FL VAMC
Signed By:	GROSS,DWAYNE K

Co-signed By: GROSS,DWAYNE K

Date/Time Signed: 09 Aug 2024 @ 1209

Note

LOCAL TITLE: VISN 8 CLINICAL CONTACT CENTER ADMIN NOTE
STANDARD TITLE: ADMINISTRATIVE NOTE
DATE OF NOTE: AUG 09, 2024@12:08 ENTRY DATE: AUG 09, 2024@12:08:49
AUTHOR: GROSS,DWAYNE K EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Contact Reason

- veteran contacted the ccc requesting a returncall.

/es/ DWAYNE K GROSS

Signed: 08/09/2024 12:09

Receipt Acknowledged By:
08/09/2024 16:02 /es/ Sebastian T Thundathil, CSW
LICENSED CLINICAL SOCIAL WORKER

Date/Time: 07 Aug 2024 @ 1545

Note Title: SOCIAL WORK PROGRESS NOTE

Location: Miami FL VAMC

Signed By: THUNDATHIL,SEBASTIAN T

Co-signed By: THUNDATHIL,SEBASTIAN T

Date/Time Signed: 09 Aug 2024 @ 2227

Note

LOCAL TITLE: SOCIAL WORK PROGRESS NOTE
STANDARD TITLE: SOCIAL WORK NOTE
DATE OF NOTE: AUG 07, 2024@15:45 ENTRY DATE: AUG 09, 2024@22:19:28
AUTHOR: THUNDATHIL,SEBASTIA EXP COSIGNER:
URGENCY: STATUS: COMPLETED

S/O: The pt is a 40 year old, 100%SC single male with a diagnosis of PTSD for which he is 100%SC, who is presently enrolled in the Bill Kling (Broward County) VA DUI/ Alcohol treatment program. The pt attended a telephone session with the undersigned today and discussed his current functioning and treatment/discharge plans. This session was held and completed by a telephone/video encounter after receiving verbal consent from the

patient with the understanding that HIPPA compliance is not guaranteed.

The session also focused on discussing his efforts to comply with the /clinical/DMV requirements stem from his DUI, maintain a productive/ sober lifestyle, addiction issues, family relationships, relapse prevention plans, adjustment with DUI treatment group program, employment/educational plans, importance of program complianc and other aspects of his social/ emotional functioining.

The pt stated, " I really appreciate the program, I am learning a lot, I want to learn more and complete the program; seltzer water helps me with my urge; I went through a lot after my discharge from the military ten years ago; I am scheduled to have an evaluation by Metro Traffic school on Aug 9th, after that they will send you referral information".

THERAPEUTIC INTEVENTIONS USED: ☒ Behavioral ☐ cognitive ☒ ego supportive ☒ Insight oriented ☒ Psychoeducation ☒ empathic listening ☒ positive reinforcement ☐ coaching ☐ self reaffirmation techniques ☒ reassurance ☐ humour ☐ self disclosure ☐ confrontational techniques ☐ reality testing ☐ Role play.

Diagnosis: Alcohol use disorder, moderate

Time spent: 25 minutes

Risk Intervention: The pt was informed of the availability of VA crisis hotline, earlier psychotherapy/ psychiatric appointments if needed and also the accessibility to Miami VA and local hospitals for psychiatric emergency/ crisis evaluation and or admission if deemed necessary. The pt verbalized understanding of these services.

THE PT'S PARTICIPATION IN

SESSION ☐ Resistant ☐ Neutral ☐ limited response ☒ Moderate Response ☐ Significant Response

A: The pt was alert and oriented x 3. The pt seems to be making progress in his overall functioning and strengthening his understanding on dymanics of addiction. The pt spoke about the positive changes gradually occuring in his thought process as a result of attending the DUI/alcohol group therapy program. He verbalized the importance of refraining from drinking and driving/ abstinence in order to have peaceful/productive life. The pt was friendly and cooperative during the session and receptive to supportive counseling.

P : The pt will continue to attend DUI/Alcohol treatment program and will refrain from drinking and driving. The pt will comply with his treatment plans/

goals.

Patient Education :

Person/s taught:

>>> Patient

Learning preference/s:

>>> Auditory, Actively doing

Barriers to learning identified:

Emotional barriers:

>>> Depressed, irritable

Financial limitations:

Readiness to learn:

>>> Motivated

Readiness to Learn:

Ready to learn at this time

By Discipline

Teaching Topic(s):

Advance Directives

Response to Education:

Asked appropriate questions

Answered questions correctly

Organ donation

Response to Education:

Asked appropriate questions

Answered questions correctly

VA Benefits

Response to Education:

Asked appropriate questions

Answered questions correctly

Programs/Resources

Response to Education:

Asked appropriate questions

Answered questions correctly

Rights and Responsibilities were reviewed with veteran. He/She has been

provided with written information and participated in a discussion related to his/her rights and responsibilities and patient safety. Veteran was encouraged to participate actively in his/her care and raise any issues or concerns to staff, and provided an opportunity to ask questions.

Response to Education:

Asked appropriate questions

Answered questions correctly

Education handouts provided

>>> Other:

Teaching method used:

>>> Verbal, Written

Teaching Strategies:

Information was provided within belief system, cultural or religious comfort measures were explored

One idea at a time was presented slowly and clearly

Simple illustrations were given, and main points highlighted

Education Follow Up:

>>> Patient to call with questions, Continue education next visit

/es/ Sebastian T Thundathil, CSW
LICENSED CLINICAL SOCIAL WORKER
Signed: 08/09/2024 22:27

Date/Time:	07 Aug 2024 @ 1112
Note Title:	SOCIAL WORK GROUP NOTE
Location:	Miami FL VAMC
Signed By:	THUNDATHIL,SEBASTIAN T
Co-signed By:	THUNDATHIL,SEBASTIAN T
Date/Time Signed:	07 Aug 2024 @ 1124

Note

LOCAL TITLE: SOCIAL WORK GROUP NOTE
STANDARD TITLE: SOCIAL WORK GROUP COUNSELING NOTE
DATE OF NOTE: AUG 07, 2024@11:12 ENTRY DATE: AUG 07, 2024@11:13:06
AUTHOR: THUNDATHIL,SEBASTIA EXP COSIGNER:
URGENCY: STATUS: COMPLETED

S/O: The pt attended the DUI/Alcohol group thaerapy session today for 60 minutes. Elean members were present. This session was held and completed by a telemedicine encounter after receiving verbal consent from the patient with the understanding that HIPAA compliance is not guaranteed. Issues regarding confidentiality of information disclosed by this patient, privacy concerning mental health, medical and other personal/sensitive information, and consent to articipate fully in the therapy were addressed with the veteran in detail prior to the session, reviewed at the start of the session, and will continue to be reviewed as needed. The veteran is not considered to be a high risk for self-harm at this time based on known risk factors and the lack of elicited S/H ideation or intent throughout the current session. Also, the Veteran was reminded that the provider will confirm the veteran's location at the time of the call and engage in emergency services per local policy if the Veteran reports any emergencies during the session.

Today's session focused on discussing the following scenerio; " where do you see yourself one year from now in terms of your plans and goals and what stratgies need to be employed to achieve your goals, and what barriers are expected". Group therapist shared with group members that being charged with

DUI is a very serious event which has great legal/social/financial/emotional consequences. DUI charges might stand as a major barrier to one's future plans

and goals. One of the major goals of the program is to strengthen the individual's self confidence and motivation to achieve his/her personal goals.

The pt spoke about his/her plans and goals and described how he/she is going to achieve goals. Group also discussed the importance of abstinence, improving awareness, developing a positive attitude and how to overcome the rationalization for drinking. The pt realized that being charged with DUI has serious legal, social, psychological, financial consequences, however, it's

also a blessing in disguise and a great opportunity to make changes and improve quality of life. Pt also acknowledged that maintaining sobriety is a major part of his/her goals.

As session continued the group discussed the progressive and relapsing nature of addictive disorders, benefits of participation in treatment programs, utilizing psychiatric services if needed and how it helps one to break the denial process and improve quality of life. Group members were also given information on confidentiality and HIPPA rules and regulations. The pt participated in the group discussion appropriately.

Diagnosis: Alcohol use disorder, moderate

THERAPEUTIC INTERVENTIONS USED: ☒ Behavioral ☐ cognitive ☒ ego supportive ☒ Insight oriented ☒ Psychoeducation ☒ empathic listening ☒ positive reinforcement ☐ coaching ☒ self reaffirmation techniques ☒ reassurance ☐ humour ☒ self disclosure ☐ confrontational techniques ☐ reality testing ☐ Role play.

THE PT'S PARTICIPATION IN

SESSION ☐ Resistant ☐ Neutral ☐ limited response ☒ Moderate Response ☐ Significant Response

A: The pt was alert and oriented x 3. The pt engaged in the session willingly and described his/her goals and various strategies and tools that will be utilized in order to accomplish his/her goals. Group members discussed the impact of drinking under the influence and how it has interfered with life in general. The consensus of the group is that drinking and driving is an extremely dangerous form of alcohol abuse and that it is a crime. The pt acknowledged that consuming alcohol in any amount can interfere with an individual's judgment and that alcoholism is an addictive disorder. The pt acknowledged the consequences of drinking under the influence and how it could affect different areas of one's life. The pt was attentive and acknowledged

the fact that denial is a major barrier and that one needs to be free of denial before they could make meaningful changes with their addiction. The pt was attentive, asked pertinent questions, provided meaningful feedback to his peers and participated in the group discussion appropriately. The pt was receptive to insight oriented/cognitive/ supportive therapy and other social work intervention.

P: The pt will continue to attend DUI treatment groups on a weekly basis and

will refrain from drinking and driving.

Patient Education :

Person/s taught:

>>> Patient

Learning preference/s:

>>> Auditory

Barriers to learning identified:

>>> No barriers identified

Readiness to learn:

>>> Motivated

Readiness to Learn:

Ready to learn at this time

By Discipline

Social Work Teaching Topic(s):

Advance Directives

Response to Education:

Answered questions correctly

Organ donation

Response to Education:

Asked appropriate questions

Programs/Resources

Response to Education:

Asked appropriate questions

Rights and Responsibilities were reviewed with veteran. He/She has been provided with written information and participated in a discussion related to his/her rights and responsibilities and patient safety. Veteran was encouraged to participate actively in his/her care and raise any issues or concerns to staff, and was provided an opportunity to ask questions.

Response to Education:

Asked appropriate questions

Education handouts provided

>>> Other:

Teaching method used:

>>> Verbal, Written, Video

Teaching Strategies:

Used age appropriate materials

Education Follow Up:

/es/ Sebastian T Thundathil, CSW

LICENSED CLINICAL SOCIAL WORKER

Signed: 08/07/2024 11:24

Date/Time:	09 Jul 2024 @ 1405
Note Title:	MENTAL HEALTH SOCIAL WORK ASSESSMENT
Location:	Miami FL VAMC
Signed By:	THUNDATHIL,SEBASTIAN T
Co-signed By:	THUNDATHIL,SEBASTIAN T
Date/Time Signed:	10 Jul 2024 @ 1556

Note

LOCAL TITLE: MENTAL HEALTH SOCIAL WORK ASSESSMENT
STANDARD TITLE: SOCIAL WORK E & M NOTE
DATE OF NOTE: JUL 09, 2024@14:05 ENTRY DATE: JUL 09, 2024@14:05:39
AUTHOR: THUNDATHIL,SEBASTIA EXP COSIGNER:
URGENCY: STATUS: COMPLETED

PSYCHOSOCIAL HISTORY

CURRENT SOCIAL STATUS:

Current/recent living arrangements:

owns ahouse

Homeless:

No

Resides with: with wife and kids

Duration of current living arrangement: two years

EMPLOYMENT/INCOME

Type of current employment: Book keeper; Valez Consulting company

Duration of current employment status: few months

Usual/primary occupation: Book keeper

Additional sources of income:

Total income from all sources: VA disability income
unknown

Number of financial dependents:no
none

When and where did you last work?n/a

Are you retired or disabled?n/a

If unemployed, are you able to work and do you plan to return to work?

n/a

Do your employment goals require education/re-training/voc rehab?

n/a

LEGAL STATUS

Guardian/fiduciary

Person:

N/A

Finances:

N/A

Advance Directive:

No, explain: patient was offered availability of completing AD at the

VA

Arrests:

No

Incarcerations/ Have you ever had any trouble with the law; none with the exception of this DUI:

Other legal or high risk behavior:

No

Was patient remanded for treatment? yes

FAMILY/PERSONAL RELATIONSHIPS:

Marital Status: married for seven years

Quality of relationships

Spouse/Significant other: reports good relationship with wife

Children: 2 children (8 and 5)

Where were you born; Pt was born and raised in Queens, NY. He was raised by both parents. Mother lives in NY and father is deceased. Pt has 2 sisters and

2 brothers with whom the pt reports a good relationship.

Non-familial (friends): "I don't have any close friends and acquaintences".

Veteran wants family/friends to participate in his/her treatment

No

History of Abuse:

Victim of

Emotional:

yes, by parents

Physical:

No

Sexual:

No

History of Exploitation:

Have you been controlled or coerced by another person to exchange sex or commit an illegal activity for money or material goods including food, shelter, alcohol and/or drugs?no

Is anyone taking your money, your check or your assets and using it For their own personal benefit?
NO

Perpetrator of
Emotional:

No

Physical:

No

Sexual:

No

Social Adjustment During Childhood/Adolescence: Normal

EDUCATION/OCCUPATION

High school diploma; currently attending online BS degree in accounting at Queens college.

MILITARY

Branch: Army

Military entry: Enlisted

Years of service:

From: 2008 To: 2021

Duties (MOS): engineer

Type of Discharge: HONORABLE.

Combat experience:

deployed to Afghanistan for 12 months in 2011.

Service connected disability? yes 100%SC

SC claim(s) pending: n/a

RECREATION/LEISURE ACTIVITIES: video games.

SPIRITUALITY: Catholic/attends church

Sexual orientation: heterosexual/ active;

Additional Social Work Assessment-(Please include educational needs, age-

related issues, cultural issues, community resources or individual needs that may affect the patient's care).

The pt is a 34 year old, 100%SC single male with a diagnosis of bipolar disorder

for which he is 100%SC, was seen today for 60 minutes session and completed a DUI intake. The pt was seen in response to a treatment referral from Dr. Jennifer Lee, VJO program. This session was held and completed by a telephone/video encounter after receiving verbal consent from the patient with the understanding that HIPPA compliance is not guaranteed.

The pt stated, " I started drinking daily when I joined the military, I started drinking harder after I came back from Afghanistan; I drank a bottle of hard liquor everyday, thats when I became an alcoholic; on the day I got my DUI I had a black out and woke up in the hospital hand cuffed".

The pt provided following information that led to his DUI arrest on 11/17/2023. The pt drove to Hollywood to visit the family of his friend who died. The pt then met with some friends and started drinking around 9.00pm. The pt reports he consumed unknown amount of alcohol and next thing he remember was waking up in the hospital hand cuffed. The pt was arrested, taken to jail and released the next day. The pt hired an attorney who helped him to transfer the case to the Vet court. The pt is currently involved in the VJO program and he is recommended to attend the VA DUI/Alcohol group therapy program.

According to the pt, he already completed the level 1 DUI education program and alcohol evaluation by Metro Traffic school and was referred to treatment. The pt was advised to contact Metro Traffic school and send referral information to this VA clinic, so that appropriate documentation can be provided. The pt verbalized understanding.

BEHAVIORAL HEALTH MENTAL STATUS CHECKLIST:

Appearance:
WNL/appropriate
Eye Contact:
WNL
Gait:
WNL
Posture:
WNL
Speech:
normal rate and rhythm
Attitude and Behavior:
cooperative
Motor Behavior:
no apparent involuntary movement
Mood:
anxious

Affect:

mood congruent

Thought Processes:

logical (the pt reports that he used to hear voices telling him he is doing everything wrong and also felt paranoid that something bad was going to happen to him).

coherent

Content:

WNL/appropriate

Risk--Suicide/Homicide during the past 6 months:

Is the patient currently admitted to the Acute Inpatient Psychiatric Unit (4AB)?

No

Did the patient report having suicide ideation during the past 6 months?

(Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up. Have you actually had any thoughts of killing yourself?)

No

Did the patient have any suicidal behaviors during the past 6 months?

("Have you done anything, started to do anything, or prepared to do anything to end your life? Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried

to

shoot yourself, cut yourself, tried to hang yourself, etc.)

No

Does the patient report any risk factors for suicide during the past 6 months? (i.e. family history of suicide, previous suicide attempt(s), history of alcohol or substance abuse, history of mental disorders, feelings of hopelessness, impulsive and/or aggressive tendencies, lack of social support and sense of isolation, physical illness, history of trauma or abuse).

No

Does the patient have any protective factors during the past 6 months?

(i.e. receiving clinical care for mental, physical, and substance use disorder, access to a variety of clinical interventions and support for help seeking, restricted access to highly lethal means of suicide, interpersonal relationships and supports, skills in problem solving, conflict resolution and non-violent handling of disp

utes, spiritual

beliefs).

Yes

Risk--Homicide during the past 6 months:

denies homicidal ideation

History of attempts:

No

Perceptions:

WNL

Orientation:

X4 (person, time, place and situation)

Memory:

intact x3

Insight:

understands problems

able to verbalize possible solutions to problems

Judgment Capacity:

able to understand treatment plan

able to make informed decisions

Strengths/Assets:

ability to express self verbally

good premorbid functioning

above average intelligence

good support system

good work record/education

motivated for treatment

SUBSTANCE ABUSE HISTORY:

ALCOHOL:

-First used: at age 17.

-What kind of alcohol used: beer

-Amount used: " I drank a bottle of hard liquor everyday'

-When was the heavier periods of drinking: during and after military service.

-Last day of use: 11/17/2023

-Does the pt believe he has alcohol problem: yes

-Has anyone ever told you have alcohol problems: yes (doctors)

-Has anyone ever advised you to attend AA or treatment programs:yes; attended out patient programs in NY in 2018. I was drinking a lot, my mom wanted me to go to treatment.

-Have you ever attended any alcohol treatment program: yes

-Have you ever quit or wanted to cut down drinking: "Yes;

-What was the longest period of abstinence: 7 months

-Circumstances that led you to abstinence: DUI/Legal problems, kids and health

NICOTINE:

First used:

Most recently used:

Average amount used: recently quit smoking

OTHER SUBSTANCES USED: Denies

- Most recently used:
- Average amount used:
- Route:
- history of treatment:
- Does the pt believe spirituality plays a role in his recovery:

CRIMINAL/LEGAL HISTORY:Criminal: No legal problems with the exception of DUI.

Psychiatric treatment since last admission: (***)Hospitalizations at the VAMC or community hospitals. (***) Denies;

-history of mental illness in family: Denies

Plan:

Encourage positive therapeutic rapport

Remain in contact with family

Other: Follow up with individual/Group psychotherapy

Tentative Discharge Date (D/C): to be determined

Strengths: verbal,motivated,

Needs: engage in individual/group therapy,

Abilities: verbal,good problem solving skills

Preferences: Continue to attend psychotherapy sessions

A: The pt was alert and oriented x 3. Mood was anxious, affect appropriate to the content of thoughts. No overt psychosis or cognitive deficits observed. Speech was coherent and relevant. Memory was good for recent and remote events. The pt denied S/H thoughts. The pt seems to have some insight into the nature of

his alcohol problems and the dynamics addiction. The pt shows good motivation for treatment and verbalized interest in attending the DUI groups to comply with

the court/ legal requirements. The pt was friendly, attentive and cooperative. The pt was receptive to supportive counseling and other social work intervention.

Diagnosis: Alcohol Use disorder, moderate

7. SOCIAL WORK TREATMENT/DISCHARGE PLANS

: The pt is scheduled to begin the DUI/Alcohol treatment program on 07/17/24.

: The pt will attend 12 group sessions on a weekly basis which will address alcohol/substance abuse issues as the major focus of treatment.

: The pt will attend individual therapy sessions as needed during the course of the treatment.

: The pt will develop insight into the dynamics of addiction and will refrain from drinking and driving.

: The pt will acknowledge the benefits of abstinence.

: The pt will comply with the VJO program requirements.

Patient Education :

Teaching Topic(s):

Advance Directives

Programs/Resources

>>> Other:

Rights and Responsibilities were reviewed with veteran. He/She has been provided with written information and participated in a discussion related to his/her rights and responsibilities and patient safety. Veteran was encouraged to participate actively in his/her care and raise any issues or concerns to staff, and was provided an opportunity to ask questions.

Person(s) taught:

>>> Patient

Barriers to learning identified:

Emotional barriers:

>>> Depressed

Physical limitations:

>>> Other:

Motivation to learn:

>>> Motivated

Learning preference:

>>> Verbal, Written Material

Teaching method used:

>>> Verbal, Written

Teaching Evaluation:

>>> Answer Questions, Ask Questions

Education Follow Up:

>>> Patient to call with questions, Continue education next visit

Suicide Screen:

C-SSRS Screening

Columbia-Suicide Severity Rating Scale (C-SSRS Screener)

1. Over the past month, have you wished you were dead or wished you could go to sleep and not wake up?

No

2. Over the past month, have you had any actual thoughts of killing yourself?

No

3. Over the past month, have you been thinking about how you might do this?

Response not required due to responses to other questions.

4. Over the past month, have you had these thoughts and had some intention of acting on them?

Response not required due to responses to other questions.

5. Over the past month, have you started to work out or worked out the details of how to kill yourself?

Response not required due to responses to other questions.

6. If yes, at any time in the past month did you intend to carry out this plan?

Response not required due to responses to other questions.

7. In your lifetime, have you ever done anything, started to do anything, or prepared to do anything to end your life (for example, collected pills, obtained a gun, gave away valuables, went to the roof but didn't jump)?

No

8. If YES, was this within the past 3 months?

Response not required due to responses to other questions.

/es/ Sebastian T Thundathil, CSW
LICENSED CLINICAL SOCIAL WORKER
Signed: 07/10/2024 15:56

Date/Time:	14 Jun 2024 @ 0946
Note Title:	SOCIAL WORK TELEPHONE NOTE
Location:	Miami FL VAMC
Signed By:	THUNDATHIL,SEBASTIAN T
Co-signed By:	THUNDATHIL,SEBASTIAN T
Date/Time Signed:	14 Jun 2024 @ 0949

Note

LOCAL TITLE: SOCIAL WORK TELEPHONE NOTE
STANDARD TITLE: SOCIAL WORK TELEPHONE ENCOUNTER NOTE
DATE OF NOTE: JUN 14, 2024@09:46 ENTRY DATE: JUN 14, 2024@09:47:08
AUTHOR: THUNDATHIL,SEBASTIA EXP COSIGNER:
URGENCY: STATUS: COMPLETED

In response to a referral for DUI/Alcohol treatment, received from Jennifer C. Lee, Psy.D., VJO program, undersigned initiated a telephone contact with the pt today and scheduled an intake session on 07/09/24 at 2.00pm.

Diagnosis: Alcohol Use disorder, moderate
Time spent: 15 minutes

Risk Intervention: The pt was also informed of the availability of VA crisis hotline, earlier psychotherapy/ psychiatric appointments if needed and also the accessibility to Miami VA and local hospitals for psychiatric emergency/ crisis evaluation and or admission if deemed necessary. The pt verbalized understanding of the these services.
Explored for safety - Veteran reported that he is not suicidal nor homicidal

at this time, explored for historical ideation or behavior - none present in recent history. Veteran said he would contact this clinic or the Veterans Crisis Line at 1800-273-8255 (press option 1) should he feel overwhelmed, suicidal, and/or homicidal. Veteran also informed that he can text 838255 to receive confidential support 24 hours a day.

/es/ Sebastian T Thundathil, CSW
LICENSED CLINICAL SOCIAL WORKER
Signed: 06/14/2024 09:49

Receipt Acknowledged By:
06/17/2024 11:44 /es/ Jennifer C. Lee, Psy.D.
STAFF PROVIDER

Date/Time:	11 Jun 2024 @ 1000
Note Title:	PSYCHOLOGY NOTE
Location:	Miami FL VAMC
Signed By:	LEE,JENNIFER C
Co-signed By:	LEE,JENNIFER C
Date/Time Signed:	11 Jun 2024 @ 1321

Note

LOCAL TITLE: PSYCHOLOGY NOTE
STANDARD TITLE: PSYCHOLOGY NOTE
DATE OF NOTE: JUN 11, 2024@10:00 ENTRY DATE: JUN 11, 2024@10:57:20
AUTHOR: LEE,JENNIFER C EXP COSIGNER:
URGENCY: STATUS: COMPLETED

VETERANS JUSTICE PROGRAM REMOTE CONTACT NOTE:
This session was held and completed by a video encounter after receiving verbal consent from the patient with the understanding that HIPAA compliance is not guaranteed.

This remote encounter was conducted via VA Video Connect on 6/11/2024 at 1000 for 60 minutes using the preferred contact method and information which had previously been provided by the veteran. The veteran voiced an understanding of the information provided and gave verbal consent at the time of the encounter to participate in the current remote contact. No barriers to participation were noted. The veteran is not considered to be at risk for self-harm at this time based on known risk factors and the lack of elicited S/H ideation or intent throughout the current remote contact.

During the current encounter, the Veteran reported that they were located at:
7501 Red Bay Place
Coral Springs, FL 33065

They were contacted using:
Email: carlosvelez51@yahoo.com

Emergency Contact Info:
Gladis Guevara mother
347-608-7478

Prior to beginning the current encounter, the veteran confirmed that they are alone, located in a secure, private building location and were able to make themselves available for the duration of the scheduled encounter. e911 was not activated during this encounter.

DATE/TIME/DURATION OF APPOINTMENT: 6/11/2024@ 1000 for 60 minutes

SERVICE PROVIDED: VJP Record review and initial screening for services.

INFORMED CONSENT/LIMITS TO CONFIDENTIALITY/RELEASE OF INFORMATION
DISCUSSED/OBTAINED:
Obtained today - verbally by the undersigned and in writing by VJP Peer Support Specialist, Mr. Clarence Office

INFORMED CONSENT DISCUSSION INCLUSIVE OF:
Nature and Anticipated Course of Clinical Contact
Risks and Benefits of Clinical Contact or Alternatives
Limits to Confidentiality
Involvement of Third Parties and Clarification of Roles/Relationships
Sufficient opportunity to Ask Questions and Receive Answers,
Opportunity to Decline Services

RISK ASSESSMENT:

Columbia Suicide Severity Rating Scale (C-SSRS) screener

1. Over the past month, have you wished you were dead or wished you could go to sleep and not wake up?
No

2. Over the past month, have you had any actual thoughts of killing yourself?
No

3. Over the past month, have you been thinking about how you might do this?
Response not required due to responses to other questions.

4. Over the past month, have you had these thoughts and had some intention of acting on them?
Response not required due to responses to other questions.

5. Over the past month, have you started to work out or worked out the

details of how to kill yourself?

Response not required due to responses to other questions.

6. If yes, at any time in the past month did you intend to carry out this plan?

Response not required due to responses to other questions.

7. In your lifetime, have you ever done anything, started to do anything, or prepared to do anything to end your life (for example, collected pills, obtained a gun, gave away valuables, went to the roof but didn't jump)?

No

8. If YES, was this within the past 3 months?

Response not required due to responses to other questions.

The veteran adamantly denied any thoughts, intention, and plans of harm to self or others and denied any acute emotional distress. Upon direct inquiry, the veteran denied any current suicidal or homicidal ideation, intent, or plan. Based on record review and this interview, the veteran is deemed at low acute risk for harm to self and others at this time. The veteran is aware of how to seek emergency help in crisis via 911, nearest emergency room, or contacting the

crisis hotline (phone number provided). When asked, the veteran denied a need for any additional or immediate mental health services at this time.

Previous Suicide Attempts: Veteran denied.

Past Self-Harm Attempts: Veteran denied.

Self-Harm/Suicide - Current/recent thoughts, intent, plan: Veteran denied current thoughts/intent/plan.

Self-Harm/Suicide - Acute risk is: Low

Self-Harm/Suicide - Warning Signs or Preparatory Behaviors: None/Denied

Self-harm/Suicide - Protective Factors: Veteran easily established rapport with the undersigned, he has a future orientation, family, and he reported being optimistic about receiving treatment through the VA and participating in treatment court

Harm to Other(s) - Current Thoughts, Intent, Plan: None/Denied

Harm to Other(s) - Past Thoughts, Intent, Plan: The veteran denied past thoughts, plans, or intent related to harm others.

PSYCHIATRIC DIAGNOSIS (Based on mental health notes/CPRS problem list):

Legal problems; military related PTSD by hx

MENTAL STATUS/ BEHAVIOR OBSERVATIONS:

Cooperation/Interaction: cooperative

Appearance/Grooming/Dress: adequate

Consciousness/Orientation: alert and oriented x3

Behavior/Motor Function: WNL

Eye Contact: good

Speech rate, rhythm, prosody: WNL

Mood/Affect: euthymic/appropriate

Thought process and content: goal-directed
Cognition/Memory/Attention/Concentration: appeared intact
Insight/Judgment: good/good

CHIEF COMPLAINT/HISTORY OF PRESENT ILLNESS

Mr. Velez is a 40 year old, US Army veteran who is currently involved the Broward County Veterans Treatment Court after being charged with a DUI with an accident in November 2023. He was drinking with friends and his friend put a drug in his drink to relax him but he had an intense reaction and tried to drive

home. Mr. Velez served in the Army from 2008-12 as Combat Engineer in the Reserves and was activated to deploy to Afghanistan in 2011-12. He was involved in firefights, IED's, and saw many injured and deceased military and civilian

personnel during his deployment for OEF. After he returned in 2012, he said he drank heavily to cope with anxiety and thoughts of combat. His drinking became progressively worse until he was drinking a half of a bottle of liquor a day and

was taken for detox once. He was diagnosed with Obsessive Compulsive Disorder and sought treatment with the VA briefly and therapy outside the VA. He said Cognitive Behavioral Therapy has worked well and he focuses on breathing and calming anxious thoughts.

The veteran was born and raised in Queens NY with both parents and 3 siblings. He said he was a good student and graduated high school on time. He played soccer and baseball and had good family relationships with no disciplinary problems or childhood trauma. He joined the Army Reserves and attended college for accounting when he was not deployed. He is married and has 2 children and attended therapy and cut back on drinking to improve his family life. He completed his Bachelor's and some graduate school. Currently he works full time

as an accountant and said he has hobbies and a good family life. He said he is not bothered by military trauma unless triggered sometimes but he has skills to manage it now. He has not drank since last Nov. and denied cravings for use or a

desire to resume use.

PAST/CURRENT MENTAL HEALTH TREATMENT:

Residential/Inpatient Psychiatric Treatment: none

Outpatient Treatment: yes

Involuntary Hospitalizations: none

SUBSTANCE USE HX:

Substance Abuse Treatment: Some therapy for alcohol use issues in past

Current Substance Use: None

ETOH: Past heavy drinking

Illicit Substances: none

Tobacco: none

IMPRESSIONS:

The patient appears to be an appropriate

candidate for psychological treatment of the above noted problems/symptoms. Treatment options were explored with the patient and veteran is agreeable to begin psychological intervention. Education regarding the intervention process, including risks and benefits, was provided. The veteran was provided with information on how to reach mental health providers, in case of any questions or concerns. The veteran agreed to the following treatment plan and recommendations.

PLAN/RECOMMENDATIONS:

1. Veteran will be referred to the Broward DUI Group.
2. Veteran will continue to be followed by VJP as long as veteran is involved within Veterans Treatment Court.
3. Veteran was encouraged to attend all mental health and medical appointments as scheduled.

The following HOMES information was reported by the veteran and entered by the undersigned into the HUDVASH HOMES computer database:

Assessment/Intake Form

VA staff member completing assessment (first and last name): Jennifer Lee

VA Site (3-digit VAMC code plus 2-digit suffix, if any): 546

Date of assessment (mm/dd/yy): 06/11/2024

Site Code: 546

1. Veteran's name: Velez, Carlos
2. Social Security number: 127681439
3. Date of birth (mm/dd/yy): 03/22/1984
4. Gender Male

May Pre-engagement Screening be skipped? Yes

5. Does the Veteran want assistance with any of the following areas?

- a. Housing
- b. Financial Hardship
- c. Legal
- d. Access to Healthcare
- e. Mental Health Concerns and Substance Abuse
- f. Self-Endangerment
- g. Civilian Adjustment

6. Will the assessment interview be completed? Yes

a. If no, please indicate main reason

b. If no, are immediate Non-VA homeless services required?

c. If yes, Which Non-VA homeless service is required

1. Non-VA Emergency Room (medical or psychiatric)

2. Non-VA detoxification services

3. Non-VA mental health or substance abuse services

4. Non-VA medical services

5. Non-VA social vocational assistance

6. Non-VA housing

7. Non-VA Income Resources

8. Other (specify)

d. May we contact you at a later date?

7. What race do you most strongly identify with? White

8. What ethnicity do you most strongly identify with? Hispanic/Latino

9. What is your current marital status? Married

10. How many children under the age of 18 do you have? Include biological children, adopted children, stepchildren, and foster children 2

a. How many of them are in your legal custody (full or joint custody)? 2

11. How many full years of formal education do you have? (if refused to answer code N) 17

12. Identify the years in which you entered and separated from military service (favor the longest period of time served; if equal time in two separate episodes, favor a combat era over a non-combat era).

a. What year did you enter military service? 2008

b. What year did you separate from military service? 2021

13. In which branch of the military did you serve the longest? Army

14. In which component of the military did you serve the longest? Reserves

14a. Have you served on active duty in the armed forces of the United States?

Yes

15. What was the rank status of your longest military service? Enlisted

16. What was the highest rank you achieved during your military tour(s) of duty?

4

17. Are you currently serving in the military on active duty or active in the Reserves or National Guard? No

18. Did you serve in the theatre of operations for any of the following military conflicts? This item asks about service within the geographic proximity of the military conflict, not participation in combat.

a. World War II No

b. Korean War No

c. Vietnam War No

d. Persian Gulf War (Operation Desert Storm) No

e. Afghanistan (Operation Enduring Freedom) Yes

f. Iraq (Operation Iraqi Freedom) No

g. Iraq (Operation New Dawn) No

h. Other peace-keeping operations or military interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo) No

19. Did you ever receive hostile or friendly fire in a combat zone? Yes

20. Where were you residing prior to today (ask the Veteran where he/she slept last night)? Housing owned by Veteran, no ongoing housing subsidy

Specify subsidy type:

21. Over the past 30 days, did you spend at least one night in a place not meant

for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)? No

21a. How long did you stay in the location where you were residing prior to today (location where he/she slept last night, item 20)? One year or longer

22. What is the zip code of the location where the Veteran was residing prior to today (if unknown, use current location)? 33065

23. Are you living with others at this location? Yes

23a. spouse/significant other? Yes

23b. children under 18 (list number)? 2

23c. related adults (list number)? 0

23d. unrelated adults (list number) 0

23e. What is your relationship to the head of household at that location? Self
(head of household)

24. Housing stability: How would you describe your current housing situation?
Stably housed

25. How long have you been homeless?

26. What is the total number of times you have been homeless on the street, in
Emergency Shelter (ES), or Safe Haven (SH) in the past three years? 0

26a. How many months in total have you been homeless in the past three years?
NOTE: If a Veteran is homeless for any part of a given month, round up and count

that period as one month of homelessness.

27. What is the total amount of time, if any, that you have spent in jail or
prison during your lifetime? Less than 1 month

28. Which best describes your employment pattern in the last 3 years? Full-time
employment

29. How many days did you work for pay in the past 30 days? Count participation
in CWT/SE as days worked. 20

30. Did you receive any money in the past 30 days? Yes

a. Employment (include CWT/SE): 5,000

b. Compensation for service connected psychiatric condition 4,000

c. Compensation for other service connected condition 0

d. Non-service connected pension 0

e. Retirement income from Social Security 0

f. Pension from a former job 0

g. Supplemental Security Income (SSI) 0

h. Social Security Disability Income (SSDI) 0

i. Private disability insurance 0

j. Worker's compensation 0

k. Unemployment insurance 0

l. Temporary Assistance for Needy Families (TANF) or similar local program 0

m. General Assistance (GA) or similar local program 0

n. Child support 0

o. Alimony or other spousal support 0

p. All other sources (do not include food stamps) 0

Total Amount 9000

31. Did you receive any non-cash benefits in the past 30 days? If yes, select each category No

a. Medicaid health insurance program or similar local program

b. Medicare health insurance program or similar local program

c. Temporary Rental Assistance

d. Homeless Prevention and Rapid Re-housing Program (HPRP) Funds

e. Veteran Service Organizations

f. State Children's Health Insurance Program or similar local program

g. Supplemental Nutrition Assistance Program (SNAP) or Food Stamps

h. Special Supplemental Nutrition Program for Women, Infants and Children (WIC)

i. Temporary Assistance for Needy Families (TANF) or similar local program Child

Care Services

j. Temporary Assistance for Needy Families (TANF) or similar local program

Transportation Services

k. Other TANF-funded services

l. Bus, subway, train or cab voucher

m. SSI/SSDI Outreach, Access and Recovery (SOAR)

o. Other

32. Do you have any significant outstanding debts? Yes

a. housing loans Yes

b. student loans No

c. other loans (personal, auto, etc) Yes

d. credit card debt No

e. child support No

f. alimony No

g. medical expenses (self or dependents) No

h. fines or other legal obligations No

i. outstanding tax bills No

j. other (specify) No

33. Do you currently have a representative payee or fiduciary? No

34. In the past 30 days, would you say your physical health has been: Good

34a. In the past six months, how many times have you been to the emergency department/room? 0

34b. In the past six months, how many times have you been hospitalized as an inpatient, including hospitalizations in a mental health hospital? 0

35. How would you describe the health of your teeth and gums? Good

36. Has a doctor or nurse ever told you that you have any of the following medical conditions?

a. HIV/AIDS No

b. Hepatitis C No

c. Tuberculosis (TB) or + PPD No

d. Chronic Obstructive Pulmonary Disease (COPD) No

e. Heart disease No

f. Stroke No

g. Diabetes Yes

h. Seizures No

i. Chronic pain No

j. Liver disease, Cirrhosis, or End-Stage Liver Disease No

k. Kidney Disease/End-stage Renal Disease No

l. History of frostbite, immersion foot or hypothermia (Specify) No

m. Cancer No

n. History of Heat Stroke/Heat Exhaustion No

o. Developmental Disability No

p. Other (Specify) No

36p. Is this Veteran a homeless individual with a disabling condition based on one or more of the following: A physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury that: (1) Is expected to be long-continuing or of indefinite duration; (2) Substantially impedes the individual's ability to live independently; and (3) Could be improved by the provision of more suitable housing conditions? No

37. Do you use tobacco products? No

38. In the past 30 days, how many days did you drink ANY alcohol? 0

39. In the past 30 days, how many days did you have at least 5 drinks (if you are a man) or at least 4 drinks (if you are a woman)? 0

40. In the past 30 days, how many days did you use any illegal/street drugs or abuse any prescription medications? 0

41. In the past 30 days, how much were you bothered by cravings or urges to drink alcohol or use drugs? Not at all

42. Have you ever received professional treatment for alcohol or other substance use disorder? Yes

43. Have you ever been hospitalized for a psychiatric problem? (do not include residential treatment or hospitalization for substance use problem) Yes

44. Have you been attacked or beaten up since you've become homeless?
Interviewer omitted item

45. Have you threatened to or tried to harm yourself or anyone else in the last year? No

46. Does anybody force you or trick you to do things you do not want to do? No

47. Do you ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that? No

48. Which of the following treatment concerns apply to this Veteran?

a. Alcohol use disorder No

b. Drug use disorder No

c. Gambling problem or pathological gambling No

d. Schizophrenia No

e. Other psychotic disorder No

f. Bipolar disorder No

g. Military related PTSD Yes

h. Non-Military related PTSD No

i. Anxiety disorder No

j. Affective disorder (including depression) No

k. Adjustment disorder No

l. Nicotine dependence No

m. Organic brain syndrome No

n. Personality disorder No

o. Other psychiatric disorder No

49a. Does this Veteran need psychiatric treatment at this time? No

49b. Is the Veteran interested and willing to participate in psychiatric treatment?

50a. Does this Veteran need substance abuse treatment at this time? Yes

50b. Is the Veteran interested and willing to participate in substance abuse treatment? Yes

51a. Does this Veteran need medical treatment at this time? Yes

51b. Is the Veteran interested and willing to participate in medical treatment?
Yes

52a. Does this Veteran need case management? No

52b. Is the Veteran interested and willing to participate in case management treatment?

53a. Does the Veteran need assistance with family problems? No

53b. Is the Veteran interested and willing to participate in treatment for family problems?

54. Is this Veteran a danger to self or others? No

55. Is this Veteran in danger from others (e.g., gang violence, fleeing domestic violence)? No

VJO Entry Form

Staff Login (First and Last Name): Jennifer Lee

VA Site (3-digit VAMC code plus 2-digit suffix, if any): 546

Date this form completed (mm/dd/yyyy): 6/11/2024

1. Veteran's name (last name, first initial) Velez, Carlos

2. Social Security Number 127681439

3. Date Of Birth (mm/dd/yy) 03/22/1984

4. Will the Veteran receive VJO services? Yes

5. Date of program entry decision (mm/dd/yy): 06/11/2024

6. Select the main reason why Veteran did not enter the VJO program?

Comment- Reason Why

7a. Where did VJO staff make initial contact with this Veteran? Treatment Court
(specify type in following item (item 7b))

7b. Treatment court type? Veterans' Treatment Court or Veterans docket

8. Is the Veteran currently involved with jail or courts? Yes

9a. Veteran's Corrections Booking Number 23018480mu10a

9b. Veteran's State Corrections Identification Number 062023ct018480a88810

16a. Is Driving Under the Influence (DUI) involved in the current case? Yes

16b. Is domestic dispute involved in the current case? No

16c. Are there arrearage or delinquency problems with any current child support orders? No

16d. If 16c is 'yes', what is total arrearage or delinquency amount (not monthly amount)?

17. Is the Veteran currently in jail? No

18. Does the Veteran have a definite release date?

a. IF "YES", what is the definite release date? (mm/dd/yy)

b. IF "NO", what is the earliest date he or she is eligible for release (or, the earliest expected date of release)? (mm/dd/yy)

19. County and state being released to after court commitment completed:

a. County

b. State

20. What will the Veteran's status be upon release (including after release from corrections halfway house or work release facility)?

21. By the time of the Veteran's release date, how long will the current incarceration be, including:

a. Total time in jail?

b. Total time in prison?

22. Before the arrest on (date of arrest for the current involvement), was the Veteran living in a ? ? House (including own, family's or friend's)

23. In the 12 months before the Veteran's arrest on (date of arrest for the current court involvement), was there a time when he or she was homeless, living on the street or in a shelter? No

24. How old was the Veteran the first time he or she was arrested for a crime?
24

25. How many times had the Veteran ever been arrested, as an adult or a

juvenile, before* his/her arrest for the current court involvement? 1

a. How many of these arrests occurred in the 1 year prior* to the current arrest? 0

26. Is the Veteran facing or wanting assistance for the following legal issues?
(select all that apply)

a. upcoming court hearings? No

b. reporting requirements for parole, probation, or the court No

c. employment restrictions No

d. outstanding warrants No

e. registry or housing requirements No

f. impact of long term institutionalization No

g. current or recent behavioral safety risk No

h. concurrent treatment requirements related to legal status No

i. frequent jail incarceration No

j. non-criminal legal issues No

k. other (specify) No

27. Will the Veteran enter a treatment or specialty court? Yes

27a. Name of Treatment Court Broward County Veterans Treatment Court

27b. Specialty Court type Veterans' Treatment Court or Veterans docket

28. Date of Entry to Treatment Court 06/11/2024

29. Please indicate the status of clients not entering a Treatment Court:

/es/ Jennifer C. Lee, Psy.D.

STAFF PROVIDER

Signed: 06/11/2024 13:21

Receipt Acknowledged By:

06/14/2024 09:46 /es/ Sebastian T Thundathil, CSW
LICENSED CLINICAL SOCIAL WORKER

Date/Time:	08 Apr 2024 @ 1302
Note Title:	PRE VISIT SCRUB NOTE
Location:	Miami FL VAMC
Signed By:	MARSHALL,SHARON SMITH
Co-signed By:	MARSHALL,SHARON SMITH
Date/Time Signed:	08 Apr 2024 @ 1303

Note

LOCAL TITLE: PRE VISIT SCRUB NOTE
STANDARD TITLE: LPN NOTE
DATE OF NOTE: APR 08, 2024@13:02 ENTRY DATE: APR 08, 2024@13:02:45
AUTHOR: MARSHALL,SHARON SMI EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Patient was not available at time of phone call.
Message left requesting return call.

/es/ SHARON SMITH MARSHALL
STAFF NURSE
Signed: 04/08/2024 13:03

Date/Time:	04 Apr 2024 @ 1424
Note Title:	PRE VISIT SCRUB NOTE
Location:	Miami FL VAMC
Signed By:	MARSHALL,SHARON SMITH
Co-signed By:	MARSHALL,SHARON SMITH
Date/Time Signed:	04 Apr 2024 @ 1424

Note

LOCAL TITLE: PRE VISIT SCRUB NOTE
STANDARD TITLE: LPN NOTE
DATE OF NOTE: APR 04, 2024@14:24 ENTRY DATE: APR 04, 2024@14:24:42
AUTHOR: MARSHALL,SHARON SMI EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Patient was not available at time of phone call.
Message left requesting return call.

/es/ SHARON SMITH MARSHALL
STAFF NURSE
Signed: 04/04/2024 14:24

Date/Time:	23 Feb 2023 @ 1036
Note Title:	OUTREACH - AIRBORNE HAZARD AND OPEN BURN PIT
Location:	Bronx NY VAMC
Signed By:	BENITEZ,JAKENDY
Co-signed By:	BENITEZ,JAKENDY
Date/Time Signed:	23 Feb 2023 @ 1036

Note

LOCAL TITLE: OUTREACH - AIRBORNE HAZARD AND OPEN BURN PIT
STANDARD TITLE: TEAM LETTERS
DATE OF NOTE: FEB 23, 2023@10:36 ENTRY DATE: FEB 23, 2023@10:36:05
AUTHOR: BENITEZ,JAKENDY EXP COSIGNER:
URGENCY: STATUS: COMPLETED

February 23, 2023
526/1439

Velez, Carlos
675 Seabury Ave
Franklin Square, NY 11010

Dear Veteran;

The James J. Peters VA Medical Center in the Bronx, New York has received your request to have a Burn Pit Registry Examination scheduled.

This is not a routine healthcare examination.

We have tried to contact you by telephone but have been unable to reach you.

Please contact us to schedule your required examination appointment.

Please call the following number to arrange your appointment:

Tel: (718) 584-9000
Ext. 5870 or 5235
Hours: 8:30AM ? 4:00PM ? Monday thru Friday

Thank you in advance for your cooperation.

Sincerely,

Environmental Health
Burn Pit Registry

Date/Time: 22 Dec 2020 @ 1257

Note Title: ADMIN: PATIENT SCHEDULING NOTE

Location: Margaret Cochran Corbin VA Campus

Signed By: MATIN,WENDYANA

Co-signed By: MATIN,WENDYANA

Date/Time Signed: 22 Dec 2020 @ 1258

Note

LOCAL TITLE: ADMIN: PATIENT SCHEDULING NOTE

STANDARD TITLE: ADMINISTRATIVE NOTE

DATE OF NOTE: DEC 22, 2020@12:57 ENTRY DATE: DEC 22, 2020@12:57:12

AUTHOR: MATIN,WENDYANA EXP COSIGNER:

URGENCY: STATUS: COMPLETED

ADMINISTRATIVE PATIENT CONTACT

BK-MH GOODNICK PTSD TELE

Call Made: Left message

Unable to contact: Letter mailed

three messages left in attempt to schedule a follow up with bk-mh goodnick ptsd
tele. letter being sent to the address on file.

/es/ WENDYANA MATIN

Signed: 12/22/2020 12:58

Date/Time: 21 Dec 2020 @ 1626

Note Title: MH: ADMINISTRATIVE NOTE

Location: Margaret Cochran Corbin VA Campus

Signed By: BUSH,SHANE S

Co-signed By: BUSH,SHANE S

Date/Time Signed: 21 Dec 2020 @ 1629

Note

LOCAL TITLE: MH: ADMINISTRATIVE NOTE
STANDARD TITLE: MENTAL HEALTH ADMINISTRATIVE NOTE
DATE OF NOTE: DEC 21, 2020@16:26 ENTRY DATE: DEC 21, 2020@16:27:03
AUTHOR: BUSH,SHANE S EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Called pt at his usual appt time, although we had not definitely confirmed for this week. There was no answer. I left a voicemail for him, stating that I hope all is well, inviting him to call when he is ready to schedule an appointment, and reminding him to go to the ER if in a psychiatric crisis.

/es/ SHANE S BUSH,PHD
CLINICAL PSYCHOLOGIST
Signed: 12/21/2020 16:29

Date/Time:	14 Dec 2020 @ 1714
Note Title:	MH: ADMINISTRATIVE NOTE
Location:	Margaret Cochran Corbin VA Campus
Signed By:	BUSH,SHANE S
Co-signed By:	BUSH,SHANE S
Date/Time Signed:	14 Dec 2020 @ 1714

Note

LOCAL TITLE: MH: ADMINISTRATIVE NOTE
STANDARD TITLE: MENTAL HEALTH ADMINISTRATIVE NOTE
DATE OF NOTE: DEC 14, 2020@17:14 ENTRY DATE: DEC 14, 2020@17:14:16
AUTHOR: BUSH,SHANE S EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Called pt at the scheduled appt time. He answered but stated that he was busy (no distress) and would call back in a few minutes. 50 minutes later, he had not

called. I called and left a voicemail for him, confirming his next appt in 1 week and inviting him to call in the interim if he has any questions or needs to

reschedule next week's appt.

/es/ SHANE S BUSH,PHD
CLINICAL PSYCHOLOGIST
Signed: 12/14/2020 17:14

Date/Time:	07 Dec 2020 @ 1621
Note Title:	MH: PSYCHOLOGY NOTE
Location:	Margaret Cochran Corbin VA Campus
Signed By:	BUSH,SHANE S
Co-signed By:	BUSH,SHANE S

Date/Time Signed: 07 Dec 2020 @ 1629

Note

LOCAL TITLE: MH: PSYCHOLOGY NOTE

STANDARD TITLE: PSYCHOLOGY NOTE

DATE OF NOTE: DEC 07, 2020@16:21 ENTRY DATE: DEC 07, 2020@16:21:10

AUTHOR: BUSH,SHANE S EXP COSIGNER:

URGENCY: STATUS: COMPLETED

Psychotherapy Note -

Patient: Carlos Velez

Length of session: 15' via telehealth (1605-1620)

Diagnoses / reason for treatment:

Generalized anxiety disorder

Posttraumatic stress disorder (per C&P)

Unspecified depressive disorder

Insomnia

Mood: Severe anxiety and dysphoria

Type of intervention: Supportive therapy & CBT

Major focus of the session: The patient reported that the past week was very difficult for him emotionally. He has been more depressed and hopeless, with thoughts of not wanting to live (he denied suicidal thoughts). Ruminations about his combat experiences remain the primary thing that he struggles to cope with, although the COVID-19 lockdown has him feeling trapped, and usual life stressors

add to his distress. He is being discharged from the Army reserve, which is disappointing to him, although he understands it. His OCD/anxiety has been more severe this week. His sleep has been very poor. He continues to drink alcohol heavily and is using marijuana frequently as unhealthy coping mechanisms. He continues to work, and he enjoys spending time with his family.

Relationship of specific interventions to Diagnosis or Problem List: The interventions help to facilitate expression of thoughts and feelings, review more adaptive coping options, and provide emotional support. He also expressed interest in ECT; he was encouraged to discuss that tx with Dr. Goodnick next week. The patient again reported that he values this treatment. The session was kept brief because the patient was not in a private location.

Patient evidenced/reported no factors suggesting increased risk for suicide/homicide.

Ongoing plan for treatment: Continue psychotherapy sessions weekly.

/es/ SHANE S BUSH,PHD
CLINICAL PSYCHOLOGIST
Signed: 12/07/2020 16:29

Date/Time:	03 Dec 2020 @ 1657
Note Title:	MH: ADMINISTRATIVE NOTE
Location:	Margaret Cochran Corbin VA Campus
Signed By:	BUSH,SHANE S
Co-signed By:	BUSH,SHANE S
Date/Time Signed:	03 Dec 2020 @ 1657

Note

LOCAL TITLE: MH: ADMINISTRATIVE NOTE
STANDARD TITLE: MENTAL HEALTH ADMINISTRATIVE NOTE
DATE OF NOTE: DEC 03, 2020@16:57 ENTRY DATE: DEC 03, 2020@16:57:14
AUTHOR: BUSH,SHANE S EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Pt contacted the clinic to reschedule his appt. Rescheduled for 12/7/20 at 4:00PM.

/es/ SHANE S BUSH,PHD
CLINICAL PSYCHOLOGIST
Signed: 12/03/2020 16:57

Date/Time:	30 Nov 2020 @ 1641
Note Title:	MH: NO SHOW NOTE
Location:	Margaret Cochran Corbin VA Campus
Signed By:	BUSH,SHANE S
Co-signed By:	BUSH,SHANE S
Date/Time Signed:	30 Nov 2020 @ 1644

Note

LOCAL TITLE: MH: NO SHOW NOTE
STANDARD TITLE: NO SHOW NOTE
DATE OF NOTE: NOV 30, 2020@16:41 ENTRY DATE: NOV 30, 2020@16:41:22
AUTHOR: BUSH,SHANE S EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Veteran was NO SHOW for a psychotherapy appointment which was scheduled for Nov 30,2020. An attempt was made to contact the veteran by this provider via telephone but there was no answer. A message was left on the veteran's voicemail/answering machine instructing the veteran to call to rechedule the appointment. The veteran should contact this provider to reschedule by calling

ext: 2645.

/es/ SHANE S BUSH,PHD
 CLINICAL PSYCHOLOGIST
 Signed: 11/30/2020 16:44

Date/Time:	16 Nov 2020 @ 0909
Note Title:	MH: PTSD CONSULT NOTE
Location:	Margaret Cochran Corbin VA Campus
Signed By:	GOODNICK,PAUL JOEL
Co-signed By:	GOODNICK,PAUL JOEL
Date/Time Signed:	16 Nov 2020 @ 0956

Note

LOCAL TITLE: MH: PTSD CONSULT NOTE
 STANDARD TITLE: MENTAL HEALTH CONSULT
 DATE OF NOTE: NOV 16, 2020@09:09 ENTRY DATE: NOV 16, 2020@09:09:41
 AUTHOR: GOODNICK,PAUL JOEL EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

CHIEF COMPLAINT: Patient evaluation for PTSD by telephone

HPI:

Married: 2 years
 Service: 2009-- under contract- Army: speciaist

Mood 1/10
 Sleep: 4/10: broken nightrmaes and flasbvacks: 4/7 week
 Appetite: OK -
 Focus: not great: at times a ptobem

Traums Combat truama - deployed
 on return from deploymen 2013- sleep, compulsive thoughts- - crazy stuff: body
 parts from explosive divorce

at one point- visinos- varied - front of him.
 medications - medicaionts not doing much.

wants to stabilize- I see psychologist - once in two weeks- somewhat

medications: not want medications

EtOH; at tne point, one bottle of whiskey- helpful in forgetting. last week:
 first drink age 15- once in a while- never drunk unti age 23. no ah/vh -- when
 bad time- was seeing things. causing depression.,

went to ED but not hospiialized - given medicines -

Marijuana - history - 3/week- no other drugs

Medical: anxiety - liver issues : HTN, - DM none

Allergies: NKDA

FH: None- mother: some problem - ? dx -

PTSD STATUS FORM

The following information was collected during this encounter with the Veteran.

1. RACE

White Latino(a)

2. HOUSING

Residence

3. CURRENTLY WORKING FOR PAY

Yes

IF NOT WORKING, PRIMARY REASON IS

4. CURRENTLY APPLYING FOR VA DISABILITY BENEFITS

No

5. PERIOD(S) OF SERVICE

OIF/OEF/OND

6. SOCIAL SUPPORT

The degree to which the Veteran has:

Someone who understands my problems:

Never

Someone I trust to talk with about my problems:

Always

Someone is around to help me if I need it:

Usually

7. CURRENT BARRIERS TO TREATMENT

None

8. TRAUMA EXPERIENCES TREATED IN PCT

Military related trauma:

Yes

Non-military related trauma:

No

9. PROBLEM WITH PAIN FOR MORE THAN THREE MONTHS

Yes

10. PAIN RATING-PAST WEEK

Score: 8

11. PAIN INTERFERENCE-PAST WEEK

Score: 8

12. CURRENTLY RECEIVING VET CENTER SERVICES

No

13. CURRENTLY RECEIVING MENTAL HEALTH CARE FROM NON-VA

Yes

14. VETERAN WILLING TO HAVE FAMILY INVOLVED IN TREATMENT

No

15. ASSESSMENT

PCL

Done today

PCL-5 (PTSD Symptom Checklist for DSM 5) was administered at this encounter.

A PCL-5 was performed and was positive. The score was 80.

The event you experienced was:
combat

The event happened:
within the past 6-10 years

1. Repeated, disturbing, and unwanted memories of the stressful experience?

Extremely

2. Repeated, disturbing dreams of the stressful experience?

Extremely

3. Suddenly feeling or acting as if the stressful experience were actually happening again (as if you were actually back there reliving it)?

Extremely

4. Feeling very upset when something reminded you of the stressful experience?

Extremely

5. Having strong physical reactions when something reminded you of the stressful experience (for example, heart pounding, trouble breathing, sweating)?

Extremely

6. Avoiding memories, thoughts, or feelings related to the stressful experience?

Extremely

7. Avoiding external reminders of the stressful experience (for example,

people, places, conversations, activities, objects, or situations)?

Extremely

8. Trouble remembering important parts of the stressful experience?

Extremely

9. Having strong negative beliefs about yourself, other people, or the world (for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous)?

Extremely

10. Blaming yourself or someone else for the stressful experience or what happened after it?

Extremely

11. Having strong negative feelings such as fear, horror, anger, guilt, or shame?

Extremely

12. Loss of interest in activities that you used to enjoy?

Extremely

13. Feeling distant or cut off from other people?

Extremely

14. Trouble experiencing positive feelings (for example, being unable to feel happiness or have loving feelings for people close to you)?

Extremely

15. Irritable behavior, angry outbursts, or acting aggressively?

Extremely

16. Taking too many risks or doing things that could cause you harm?

Extremely

17. Being "superalert" or watchful or on guard?

Extremely

18. Feeling jumpy or easily startled?

Extremely

19. Having difficulty concentrating?

Extremely

20. Trouble falling or staying asleep?

Extremely

16. PRESENTING PROBLEMS:

Need for PTSD specialty tx

17. VETERAN WAS OFFERED PSYCHOTHERAPY

No

18. IF OFFERED PSYCHOTHERAPY VETERAN

19. IF PSYCHOTHERAPY ACCEPTED, VETERAN OFFERED (VA/DoD Clinical Practice Guideline Recommended treatments):

SUICIDE SCREEN (C-SSRS)

1. Over the past month, have you wished you were dead or wished you could go to sleep and not wake up?

Yes

2. Over the past month, have you had any actual thoughts of killing yourself?

No

3. Over the past month, have you been thinking about how you might do this?
Response not required due to responses to other questions.

4. Over the past month, have you had these thoughts and had some intention of acting on them?
Response not required due to responses to other questions.

5. Over the past month, have you started to work out or worked out the details of how to kill yourself?
Response not required due to responses to other questions.

6. If yes, at any time in the past month did you intend to carry out this plan?
Response not required due to responses to other questions.

7. In your lifetime, have you ever done anything, started to do anything, or prepared to do anything to end your life (for example, collected pills, obtained a gun, gave away valuables, went to the roof but didn't jump)?
No

8. If YES, was this within the past 3 months?
Response not required due to responses to other questions.
Columbia (C-SSRS) has screened Negative

ROS

Medical:

Psychiatric:

VELEZ,CARLOS ANDRES

Active and Recently Expired Outpatient Medications (including Supplies):

Active Outpatient Medications	Status
1) FLUOXETINE HCL 20MG CAP TAKE TWO CAPSULES BY MOUTH DAILY FOR MENTAL HEALTH	ACTIVE

Active Non-VA Medications	Status
1) Non-VA CLONAZEPAM 2MG TAB 10MG BY MOUTH TWICE A DAY	ACTIVE
2) Non-VA METOPROLOL SUCCINATE 50MG SA TAB 50MG BY MOUTH	ACTIVE
3) Non-VA PAROXETINE HCL 30MG TAB 15MG BY MOUTH DAILY	ACTIVE

4 Total Medications

ALLERGIES

Patient has answered NKA

EXAMINATION

General Appearance:verbally cooperative

Speech:not pressured

Language:fluent

Mood & Affect:1/10 , affect consistent

Thought Processes:linear

Associations:no looseness

Abnormal psychotic thoughts, including hallucinations:no voices, no visions

Insight & Judgment:"Fire"- would get down; "Horses to drink"- could not intepret

Orientation:x3

Memory: Recend and remote: 3/3 immediate; 2/3 Presidents

Attention Span & Concentration: serial 7s
: 3/5; 3s: 7/7 ; DLROW

Fund of Knowledge:average

Suicidal or Homicidal Ideation:no si, no hi

Total time with patient/ family:48 minutes by telephone

DSM-5 diagnosis PTSD, severe

PLAN OF CARE:

.
Patient wishes to maintain current regimen of psychotherapy,- every two weeks
and medications (will contact this MD- patient given provider's contact
informaiton:

fluoxetine 40 mg per day
paroxetine: 15 mg per day
clonazepam 10 mg bid

Followup appointment:12/14/20 by telephone

/es/ PAUL JOEL GOODNICK,MD
ATTENDING PHYSICIAN,MENTAL HEALTH
Signed: 11/16/2020 09:56

Date/Time:	12 Nov 2020 @ 1649
Note Title:	MH: PSYCHOLOGY NOTE
Location:	Margaret Cochran Corbin VA Campus
Signed By:	BUSH,SHANE S
Co-signed By:	BUSH,SHANE S
Date/Time Signed:	12 Nov 2020 @ 1656

Note

LOCAL TITLE: MH: PSYCHOLOGY NOTE
STANDARD TITLE: PSYCHOLOGY NOTE

DATE OF NOTE: NOV 12, 2020@16:49 ENTRY DATE: NOV 12, 2020@16:49:28
AUTHOR: BUSH,SHANE S EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Psychotherapy Note -

Patient: Carlos Velez

Length of session: 21' via telehealth (1630-1651)

Diagnoses / reason for treatment:

Generalized anxiety disorder
Posttraumatic stress disorder (per C&P)
Unspecified depressive disorder
Insomnia

Mood: Moderate anxiety and dysphoria

Type of intervention: Supportive therapy & CBT

Major focus of the session: The patient reported that a recent liver function tests revealed problems with his liver, stemming from his heavy alcohol use. Nevertheless, he alcohol continues to be a primary coping mechanism, helping him

get through each day. Ruminations about his combat experiences are the primary thing that he struggles to cope with, although usual life stressors add to his distress. He continues to work and spend time with his family.

Relationship of specific interventions to Diagnosis or Problem List: The interventions help to facilitate expression of thoughts and feelings, review more adaptive coping options, and provide emotional support. The patient reported that he values this treatment.

A US Army Reserve Behavioral Health Evaluation form was also completed for him at his request.

Patient evidenced/reported no factors suggesting increased risk for suicide/homicide.

Ongoing plan for treatment: Continue psychotherapy sessions approximately biweekly.

/es/ SHANE S BUSH,PHD
CLINICAL PSYCHOLOGIST
Signed: 11/12/2020 16:56

Date/Time: 29 Oct 2020 @ 1413

Note Title: MH: PSYCHOLOGY NOTE

Location: Margaret Cochran Corbin VA Campus

Signed By: BUSH,SHANE S

Co-signed By: BUSH,SHANE S

Date/Time Signed: 29 Oct 2020 @ 1422

Note

LOCAL TITLE: MH: PSYCHOLOGY NOTE

STANDARD TITLE: PSYCHOLOGY NOTE

DATE OF NOTE: OCT 29, 2020@14:13 ENTRY DATE: OCT 29, 2020@14:14:10

AUTHOR: BUSH,SHANE S EXP COSIGNER:

URGENCY: STATUS: COMPLETED

Psychotherapy Note -

Patient: Carlos Velez

Length of session: 12' via telehealth (2:00-2:12PM)

Diagnoses / reason for treatment:

Generalized anxiety disorder

Posttraumatic stress disorder (per C&P)

Unspecified depressive disorder

Insomnia

Mood: Moderate anxiety and dysphoria

Type of intervention: Supportive therapy & CBT

Major focus of the session: The patient contacted the clinic to re-engage in treatment. He continues to struggle with PTSD symptoms, including frequent nightmares involving military/combat content. He frequently thinks about death, including wondering when he will die (no SI). His stress level overall is high. He turns to alcohol frequently to deal with his emotional distress, although he realizes that it is not helpful in the long run. He is working in a clerical position in an accountant's office. He resides with his wife and children in his mother's home. He has no enjoyable or rewarding social or leisure activities. He has been under the care of psychiatry at the St. Albans campus but recently requested a transfer of care to Brooklyn psychiatry. He stated that he has been taking Prozac for a few weeks but has not noticed any benefit yet.

Relationship of specific interventions to Diagnosis or Problem List: The interventions help to re-establish goals, facilitate expression of thoughts and feelings, and provide emotional support. The patient reported that he is glad to be returning to these sessions.

Patient evidenced/reported no factors suggesting increased risk for suicide/homicide.

Ongoing plan for treatment: The patient requested psychotherapy sessions approximately every 2-3 weeks.

/es/ SHANE S BUSH,PHD
 CLINICAL PSYCHOLOGIST
 Signed: 10/29/2020 14:22

Date/Time:	27 Oct 2020 @ 1430
Note Title:	MH: TELEPHONE CONTACT NOTE
Location:	Margaret Cochran Corbin VA Campus
Signed By:	WHARTON,REINA AIDA
Co-signed By:	WHARTON,REINA AIDA
Date/Time Signed:	28 Oct 2020 @ 1726

Note

LOCAL TITLE: MH: TELEPHONE CONTACT NOTE
 STANDARD TITLE: MENTAL HEALTH TELEPHONE ENCOUNTER NOTE
 DATE OF NOTE: OCT 27, 2020@14:30 ENTRY DATE: OCT 27, 2020@14:30:38
 AUTHOR: WHARTON,REINA AIDA EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

Returned pt's call regarding paperwork from last week.

Discussed form which pt needs completed by the end of the month. Pt informed need for interview and evaluation prior to completing the form.
 Pt became upset and requested transfer to BKVA.

P:
 Referral to BKVA PTSD clinic

/es/ REINA A. WHARTON,MD
 ATTENDING PHYSICIAN, PSYCHIATRIST
 Signed: 10/28/2020 17:26

Date/Time:	20 Oct 2020 @ 1046
Note Title:	ADMIN: PATIENT SCHEDULING NOTE
Location:	Margaret Cochran Corbin VA Campus
Signed By:	JACKSON,MADELINE
Co-signed By:	JACKSON,MADELINE
Date/Time Signed:	20 Oct 2020 @ 1056

Note

LOCAL TITLE: ADMIN: PATIENT SCHEDULING NOTE

STANDARD TITLE: ADMINISTRATIVE NOTE

DATE OF NOTE: OCT 20, 2020@10:46 ENTRY DATE: OCT 20, 2020@10:47:01

AUTHOR: JACKSON,MADELINE EXP COSIGNER:

URGENCY: STATUS: COMPLETED

ADMINISTRATIVE PATIENT CONTACT

Veteran called requesting that Dr. Wharton please complete the medical forms he sent before the end of the month so that his employment won't be negatively

impacted. Forwarding message to provider.

/es/ MADELINE JACKSON

Medical Support/OA

Signed: 10/20/2020 10:56

Receipt Acknowledged By:

10/20/2020 13:50 /es/ REINA A. WHARTON,MD

ATTENDING PHYSICIAN, PSYCHIATRIST

Date/Time: 14 Oct 2020 @ 1515

Note Title: ADMIN: VVC CAPABILITY SCREENING

Location: Margaret Cochran Corbin VA Campus

Signed By: SIDBERRY,BETZAIDA

Co-signed By: SIDBERRY,BETZAIDA

Date/Time Signed: 14 Oct 2020 @ 1517

Note

LOCAL TITLE: ADMIN: VVC CAPABILITY SCREENING

STANDARD TITLE: ADMINISTRATIVE NOTE

DATE OF NOTE: OCT 14, 2020@15:15 ENTRY DATE: OCT 14, 2020@15:15:47

AUTHOR: SIDBERRY,BETZAIDA EXP COSIGNER:

URGENCY: STATUS: COMPLETED

Patient has not tested or successfully used VA Video Connect

Other

Comment: unable to do test call at this time, PT was driving so left message and number for PT to call back.

/es/ BETZAIDA SIDBERRY

HEALTH TECHNICIAN

Signed: 10/14/2020 15:17

Date/Time: 13 Oct 2020 @ 1201

Note Title: MH: SUBSTANCE ABUSE CONSULT NOTE

Location: Margaret Cochran Corbin VA Campus

Signed By: MOONEY, MICHAEL

Co-signed By: MOONEY, MICHAEL

Date/Time Signed: 13 Oct 2020 @ 1326

Note

LOCAL TITLE: MH: SUBSTANCE ABUSE CONSULT NOTE

STANDARD TITLE: ADDICTION PSYCHIATRY CONSULT

DATE OF NOTE: OCT 13, 2020@12:01 ENTRY DATE: OCT 13, 2020@12:01:33

AUTHOR: MOONEY, MICHAEL EXP COSIGNER:

URGENCY: STATUS: COMPLETED

*** MH: SUBSTANCE ABUSE CONSULT NOTE Has ADDENDA ***

Mental health ASAP consult note

Mr. Carlos Velez, 36 yr old, 100% sc veteran is contacted by telephone by the ASAP program. This was a 20 minute phone consultation. This veteran is diagnosed

with PTSD and alcohol use disorder (moderate). Mr. Velez did answer this call. He reports he is in the early stages of considering alcohol recovery treatment. Mr. Velez states he is currently drinking alcohol, approximately 1/2 to 1 pint of alcohol on most days. He drinks whiskey. He notes he is interested in developing the motivation and skills to reduce his alcohol intake. He reports he

is not ready for abstinence or for an abstinence based program. He denies the use of other substances. Mr. Velez reports his alcohol use increased to this amount (up to a pint of whiskey daily) following the death of his father in April, 2020 from the COVID-19 virus. However, he states that he is now willing to explore strategies to reduce his alcohol intake. Mr. Velez cites several factors regarding his renewed interest in motivational enhancement. Mr. Velez reports he occasionally experiences abdominal pain and may have alcohol liver injury. He is concerned about his health. Additionally, Mr. Velez states alcohol

does impact on his mood and he feels depressed following drinking episodes. He states he primarily drinks to "self medicate" feelings of anxiety and emotional pain. He is hoping psychotherapy and psychiatric medications will help alleviate

his emotional pain and curb his urges/thoughts of alcohol use. Mr. Velez also notes his alcohol use has exacerbated problems in his marital relationship. These and other factors have led Mr. Velez to re-evaluate his alcohol intake. Mr. Velez is willing to consider Motivation 101 therapy/treatment and a referral

will be made. Mr. Velez is educated on the range of treatment options available to address his alcohol use issues at the Brooklyn and Manhattan VA programs. He denies suicidal and homicidal ideation.

/es/ MICHAEL MOONEY, LCSW
SOCIAL WORKER
Signed: 10/13/2020 13:26

Receipt Acknowledged By:

10/13/2020 19:48 /es/ NICOLE MARYJANE BRAMBLE, CSW
ADDICTION THERAPIST

10/14/2020 15:25 /es/ MELISSA A MAGNOTTI, PHD
CLINICAL PSYCHOLOGIST

10/15/2020 ADDENDUM STATUS: COMPLETED

Appreciate note above that veteran was interested in learning more about
Motivaiton 101 group. Left a message for veteran, asking him to call back.

/es/ MELISSA A MAGNOTTI, PHD
CLINICAL PSYCHOLOGIST
Signed: 10/15/2020 10:11

Receipt Acknowledged By:

10/15/2020 10:14 /es/ NICOLE MARYJANE BRAMBLE, CSW
ADDICTION THERAPIST

10/15/2020 10:36 /es/ MICHAEL MOONEY, LCSW
SOCIAL WORKER

Date/Time: 13 Oct 2020 @ 0936

Note Title: MH: TELEPHONE CONTACT NOTE

Location: Margaret Cochran Corbin VA Campus

Signed By: WHARTON,REINA AIDA

Co-signed By: WHARTON,REINA AIDA

Date/Time Signed: 13 Oct 2020 @ 1110

Note

LOCAL TITLE: MH: TELEPHONE CONTACT NOTE

STANDARD TITLE: MENTAL HEALTH TELEPHONE ENCOUNTER NOTE

DATE OF NOTE: OCT 13, 2020@09:36 ENTRY DATE: OCT 13, 2020@09:37:06

AUTHOR: WHARTON,REINA AIDA EXP COSIGNER:

URGENCY: STATUS: COMPLETED

Chart reviewed and pt interviewed

Time: 36 mins

Identifiers: full name and DOB

Telephone:917-783-6380

Address during session: 6260 108th ST FOREST HILLS,NY

Pt is a 36 y/o male vet,married,domiciled with h/o PTSD(100%SC),Alcohol Use
Disorder,severe and HTN previously followed by Dr. Prehogan for medication
management

Pt is contacted today to establish care with this provider.

Pt spoke about his h/o anxiety and alcohol and how it has affected his position

in the military and now he is seeking release from the reserves d/t anxiety. He states that prozac has not been as helpful as previously, but has noted some relief. Initially stated he was compliant with medication and when informed that

there were no refills since 8/2020, admitted he last used medication last month and still had medication available. Pt educated regarding access to pharmacy and

myhealthVet.

He continues to drink which he does not recognize as a problem. He finds drinking helps with anxiety. Discussed referral to ASAP, pt agrees.

Spoke about father's death from COVID 4/2020 and his own experience with the disease.

He was receiving supportive therapy from Dr. Bush, last visit 5/2020, encouraged to schedule appointment with Dr. Bush.

Pt endorses anxiety, flashbacks, nightmares and intrusive memories. Denies depressive symptoms, hopelessness or helplessness. No s/h ideations, intent or plan - "my children need me".

Admit to drinking daily 1Pt whiskey

On MSE, cooperative, well related, mood/affect appropriate. No FTD. Denies AVH, SI. A&O x3. I/J fair

Dx: PTSD; Alcohol Use Disorder, severe

A: compliance with recommended treatment is questionable, will continue to encourage medication compliance

Tx

- Supportive therapy and psychoeducation
- Continue prozac 40mg daily, titrate as needed
- Decrease alcohol use
- Referral to ASAP
- Continue supportive therapy with Dr. Bush
- Pt agrees with plan
- RTC 11/13/2020, 10:00 AM

Time 36 mins (psychotherapy 20 mins)

Medication Reconciliation:

Active and Recently Expired Outpatient Medications (excluding Supplies):

Active Outpatient Medications Status

- 1) FLUOXETINE HCL 20MG CAP TAKE TWO CAPSULES BY MOUTH ACTIVE
 DAILY FOR MENTAL HEALTH

Active Non-VA Medications Status

- 1) Non-VA CLONAZEPAM 2MG TAB 10MG BY MOUTH TWICE A DAY ACTIVE
 2) Non-VA METOPROLOL SUCCINATE 50MG SA TAB 50MG BY MOUTH ACTIVE
 3) Non-VA PAROXETINE HCL 30MG TAB 15MG BY MOUTH DAILY ACTIVE

4 Total Medications

CHANGES TO ABOVE LIST (NON-VA MEDS, MEDS NOT BEING TAKEN, ETC.):

None

ALLERGY INFORMATION:

Currently recorded allergies:

Patient has answered NKA

MEDICATION VERIFICATION:

Medications were checked and verified with patient and all available documentation.

AN UPDATED LIST OF ACTIVE MEDICATIONS HAS BEEN PROVIDED TO THE PATIENT.

/es/ REINA A. WHARTON,MD
 ATTENDING PHYSICIAN, PSYCHIATRIST
 Signed: 10/13/2020 11:10

Date/Time: 08 Oct 2020 @ 1028

Note Title: ADMIN: PATIENT SCHEDULING NOTE

Location: Margaret Cochran Corbin VA Campus

Signed By: JACKSON,MADELINE

Co-signed By: JACKSON,MADELINE

Date/Time Signed: 08 Oct 2020 @ 1030

Note

LOCAL TITLE: ADMIN: PATIENT SCHEDULING NOTE

STANDARD TITLE: ADMINISTRATIVE NOTE

DATE OF NOTE: OCT 08, 2020@10:28 ENTRY DATE: OCT 08, 2020@10:28:39

AUTHOR: JACKSON,MADELINE EXP COSIGNER:

URGENCY: STATUS: COMPLETED

ADMINISTRATIVE PATIENT CONTACT

Veteran called today and scheduled MH appt with Dr Wharton in the following clinic: Sa-mh Wharton Ind Tele 10/13/2020@09:30 Future Pt. confirmed.

/es/ MADELINE JACKSON
 Medical Support/OA
 Signed: 10/08/2020 10:30

Receipt Acknowledged By:
 10/08/2020 13:03 /es/ REINA A. WHARTON,MD
 ATTENDING PHYSICIAN, PSYCHIATRIST

Date/Time:	07 Oct 2020 @ 1220
Note Title:	ADMIN: PATIENT SCHEDULING NOTE
Location:	Margaret Cochran Corbin VA Campus
Signed By:	JACKSON,MADELINE
Co-signed By:	JACKSON,MADELINE
Date/Time Signed:	07 Oct 2020 @ 1222

Note

LOCAL TITLE: ADMIN: PATIENT SCHEDULING NOTE
 STANDARD TITLE: ADMINISTRATIVE NOTE
 DATE OF NOTE: OCT 07, 2020@12:20 ENTRY DATE: OCT 07, 2020@12:20:18
 AUTHOR: JACKSON,MADELINE EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

*** ADMIN: PATIENT SCHEDULING NOTE Has ADDENDA ***

Spoke to Veteran who is desiring a MH appt with psychiatry. Forwarding Veteran's request to covering psychiatrist Dr. Wharton. As per provider's request scheduling will occur after provider receives and reviews request.

/es/ MADELINE JACKSON
 Medical Support/OA
 Signed: 10/07/2020 12:22

Receipt Acknowledged By:
 10/07/2020 12:39 /es/ REINA A. WHARTON,MD
 ATTENDING PHYSICIAN, PSYCHIATRIST

10/07/2020 ADDENDUM STATUS: COMPLETED
 Pt may be scheduled in my clinic
 10/13/2020 @ 9:30 am or 10/15 @9,930,10

/es/ REINA A. WHARTON,MD
 ATTENDING PHYSICIAN, PSYCHIATRIST

Signed: 10/07/2020 12:47

Receipt Acknowledged By:

10/07/2020 13:00 /es/ MADELINE JACKSON
 Medical Support/OA

10/07/2020 ADDENDUM STATUS: COMPLETED

Called Veteran to schedule MH appt with Dr. Wharton on the dates specified.
 Veteran did not answer phone. Voicemail was left with contact info so he can
 return call to schedule MH appt.

/es/ MADELINE JACKSON
 Medical Support/OA
 Signed: 10/07/2020 13:03

Date/Time:	09 Sep 2020 @ 1001
Note Title:	ADMIN: PATIENT SCHEDULING NOTE
Location:	Margaret Cochran Corbin VA Campus
Signed By:	JACKSON,MADELINE
Co-signed By:	JACKSON,MADELINE
Date/Time Signed:	09 Sep 2020 @ 1003

Note

LOCAL TITLE: ADMIN: PATIENT SCHEDULING NOTE
 STANDARD TITLE: ADMINISTRATIVE NOTE
 DATE OF NOTE: SEP 09, 2020@10:01 ENTRY DATE: SEP 09, 2020@10:01:39
 AUTHOR: JACKSON,MADELINE EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

ADMINISTRATIVE PATIENT CONTACT

Called Veteran to schedule a MH appt with covering psychiatrist in NYVA due to
 Dr. Prehogan's retirement. Veteran did not answer phone. A voicemail was
 left
 with contact info so Veteran can set up appt. with NYVA provider.

/es/ MADELINE JACKSON
 Medical Support/OA
 Signed: 09/09/2020 10:03

Date/Time:	12 Aug 2020 @ 0924
Note Title:	MH: TELEPHONE CONTACT NOTE
Location:	Margaret Cochran Corbin VA Campus
Signed By:	PREHOGAN,ALLA
Co-signed By:	PREHOGAN,ALLA

Date/Time Signed: 12 Aug 2020 @ 1052

Note

LOCAL TITLE: MH: TELEPHONE CONTACT NOTE
STANDARD TITLE: MENTAL HEALTH TELEPHONE ENCOUNTER NOTE
DATE OF NOTE: AUG 12, 2020@09:24 ENTRY DATE: AUG 12, 2020@09:24:09
AUTHOR: PREHOGAN,ALLA EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Pt. is 36 y/o combat OIF veteran with PTSD, Alcohol Use Disorder, he is 100% sc
for PTSD.

CC:"I have difficulties functioning, mood remains low".

Pt. reports his mother is very supportive, he relies on her a lot.
He started to take Fluoxetine - doesn't see mood improvement yet, we will up
titrate the dose today.

The veteran asked to fill out form for the Army as he is not able to function
well, he asked to let Army know about his MH conditions including use of
alcohol. He somewhat decrease alcohol use but still uses it daily.

The veteran denied suicidal or homicidal ideations, he seems to understand the
seriouness of his alcohol consumption.

He agreed to increase dose of Fluoxetine that, as he stated, was helpful in
the past. We underlined that alcohol consumption is currently #1 problem and it
needs to be addressed as soon as possible, he verbalized inderstanding.

He didn't sound intoxicated or distressed when we spoke, he denied shaking
or
poor vision, denied being unsteady.

- Fluoxetine to 40mg po daily
- decrease alcohol use/detox recommended
-rtc 1 month/prn

Active and Recently Expired Outpatient Medications (excluding Supplies):

Active Outpatient Medications	Status
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1) FLUOXETINE HCL 20MG CAP TAKE TWO CAPSULES BY MOUTH DAILY FOR MENTAL HEALTH	ACTIVE (S)
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/es/ ALLA PREHOGAN, MD

ATTENDING PHYSICIAN, MENTAL HEALTH

Signed: 08/12/2020 10:52

Date/Time:	22 Jul 2020 @ 1009
Note Title:	MH: TELEPHONE CONTACT NOTE
Location:	Margaret Cochran Corbin VA Campus
Signed By:	PREHOGAN,ALLA
Co-signed By:	PREHOGAN,ALLA
Date/Time Signed:	22 Jul 2020 @ 1639

Note

LOCAL TITLE: MH: TELEPHONE CONTACT NOTE
 STANDARD TITLE: MENTAL HEALTH TELEPHONE ENCOUNTER NOTE
 DATE OF NOTE: JUL 22, 2020@10:09 ENTRY DATE: JUL 22, 2020@10:09:06
 AUTHOR: PREHOGAN,ALLA EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

Pt. is 36 y/o combat OIF veteran with PTSD, Alcohol Use Disorder, he is 100% sc
 for PTSD.

CC:"I have trouble with alcohol, now I drink even more".

Tells that majority of days he drinks up to 2 bottles of whisky. He reports
 anxiety and episodic black out, some days he had to start drinking in the
 morning.

We spoke in details of danger of alcohol use, including delirium, trauma,
 medical and mental worsening.

We advised him to present himself for detox in NY VA ER, he agreed.
 We also explained the veteran that he can't stop using alcohol - that can
 lead
 to deadly complications - was discussed.

He reports being stressed by financial situation. he loves with wife and son,
 wife wants him to get help.

The veteran denied suicidal or homicidal ideations, he seems to understand the
 seriousness of his alcohol consumption. We can't give him Revia before he
 completes detox.

He agreed to restart small dose of Fluoxetine that, as he stated, was helpful in
 the past. We underlined that alcohol consumption is currently #1 problem and it
 needs to be addressed as soon as possible, he verbalized understanding.

He didn't sound intoxicated or distressed when we spoke, he denied shaking or poor vision, denied being unsteady.

- add Fluoxetine 20mg po daily
- detox information was given, pt agreed to join detox
- if black outs, shaking - call 911
- rtc 3 weeks/prn

NALTREXONE OFFERED:

Date	Instrument	Raw	Trans	Scale
06/30/2020 13:00	AUDC	9		Total

Naltrexone use contraindicated

Other:

Contraindication: heavily drinking at present, needs detox

Psychotropic Tx Plan Due:

OUTPATIENT PSYCHOTROPIC TREATMENT PLAN

PTSD:

Problem/Need: I am experiencing Post Traumatic Stress that includes over-reaction to things that remind me of my trauma.

Goal: I want to improve my symptoms of over-reaction to things that remind me of my trauma. My resilience in the face of adversity My will help me achieve this goal. My conflicted family situation may be a challenge to achieving this goal.

Goal: I want to decrease the number of episodes when I experience trouble sleeping. My active involvement in my community will help me achieve this goal. My poor use of time may be a challenge to achieving this goal.

Goal: I want to increase my ability to tolerate upsetting memories of my trauma. My used treatment positively in the past will help me achieve this goal. My may be a challenge to achieving this goal.

Goal: I want problems concentrating to no longer interfere with my ability to function in relationships. My resilience in the face of adversity will help me achieve this goal. My abuse of substances may be a challenge to achieving this goal.

Objective: I will take medications as prescribed to feel better in the following areas: upsetting memories of my trauma. Improvement in my symptoms will be measured through in-office assessment and self-report.

Intervention: Based on my preference for care, my provider will prescribe medication to manage my symptoms and monitor my response. My provider will meet with me once every three months. My treatment plan will be reviewed and updated in one year unless there is a significant change in my condition at an earlier date.

/es/ ALLA PREHOGAN, MD

ATTENDING PHYSICIAN, MENTAL HEALTH

Signed: 07/22/2020 16:39

Date/Time:	20 Jul 2020 @ 1201
Note Title:	ADMIN: PATIENT SCHEDULING NOTE
Location:	Margaret Cochran Corbin VA Campus
Signed By:	JACKSON,MADELINE
Co-signed By:	JACKSON,MADELINE
Date/Time Signed:	20 Jul 2020 @ 1202

Note

LOCAL TITLE: ADMIN: PATIENT SCHEDULING NOTE
 STANDARD TITLE: ADMINISTRATIVE NOTE
 DATE OF NOTE: JUL 20, 2020@12:01 ENTRY DATE: JUL 20, 2020@12:01:42
 AUTHOR: JACKSON,MADELINE EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

ADMINISTRATIVE PATIENT CONTACT

Called Veteran to reschedule MH appt with Dr. Prehogan as she has returned from sick leave. Veteran requested to schedule appt for 7/22/20 @ 11am. Pt. confirmed.

/es/ MADELINE JACKSON
 Medical Support/OA
 Signed: 07/20/2020 12:02

Date/Time:	14 Jul 2020 @ 1206
Note Title:	ADMIN: PATIENT SCHEDULING NOTE
Location:	Margaret Cochran Corbin VA Campus
Signed By:	JACKSON,MADELINE
Co-signed By:	JACKSON,MADELINE
Date/Time Signed:	14 Jul 2020 @ 1207

Note

LOCAL TITLE: ADMIN: PATIENT SCHEDULING NOTE
 STANDARD TITLE: ADMINISTRATIVE NOTE
 DATE OF NOTE: JUL 14, 2020@12:06 ENTRY DATE: JUL 14, 2020@12:06:08
 AUTHOR: JACKSON,MADELINE EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

ADMINISTRATIVE PATIENT CONTACT

Veteran was called about MH appt cancelled by clinic. Veteran did not

rescheduled at this time. Veteran will reschedule upon provider's return from sick leave.

/es/ MADELINE JACKSON
 Medical Support/OA
 Signed: 07/14/2020 12:07

Date/Time:	30 Jun 2020 @ 1337
Note Title:	MH: TELEPHONE CONTACT NOTE
Location:	Margaret Cochran Corbin VA Campus
Signed By:	PREHOGAN,ALLA
Co-signed By:	PREHOGAN,ALLA
Date/Time Signed:	30 Jun 2020 @ 1440

Note

LOCAL TITLE: MH: TELEPHONE CONTACT NOTE
 STANDARD TITLE: MENTAL HEALTH TELEPHONE ENCOUNTER NOTE
 DATE OF NOTE: JUN 30, 2020@13:37 ENTRY DATE: JUN 30, 2020@13:37:49
 AUTHOR: PREHOGAN,ALLA EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

Pt. is 36 y/o combat OIF veteran with PTSD, Alcohol Use Disorder, he is 100% sc for PTSD.

He used to receive treatment with Dr. David in 2017, currently has a local PC prescribing Trazodone 50 mg po qhs prn and Clonazepam 2 mg po bid prn, he still has refills.

Anxiety and flashbacks are the most prominent symptoms at present.

We informed him that alcohol consumption causes rebound anxiety. The veteran resides with his wife, 4 years old daughter and 1 years old son.

He started therapy with Dr. Shane Bush - wants to continue.

He recently returned from N.C. where he lost his house to foreclosure. His wife looks after children.

The veteran drinks whisky daily - "it soothes me". He drinks from 4 to 7 drinks a day. Majority of the session was spend on alcohol counseling and plan to decrease, but not to stop, alcohol consumption. Details of intoxication, withdrawal, delirium were discussed.

Pt. aware not to take Clonazepam when heavily drinking - verbalized understanding.

We will meet in 2 weeks when he will refill his last PC refills.

full intake 0 feb.22 2017 - nothing changed except family status and moving back to NY.

Pt. is future oriented, dedicated to children, wants to get better, accept help.
Pt. denied suicidal or homicidal ideations.

- continue psychotherapy
- meds by private PC at present
- if urgent situation- 911,er,hotline

Psychosocial Stress:

Pt responds YES to the question:Is there anything about your home, family, financial, legal, or social situation that is causing stress for you?

Brief Summary: financial, health issues

MH-SUICIDE SCREEN (C-SSRS):

Columbia Suicide Severity Rating Scale (C-SSRS)

1. Over the past month, have you wished you were dead or wished you could go to sleep and not wake up?

No

2. Over the past month, have you had any actual thoughts of killing yourself?

No

3. Over the past month, have you been thinking about how you might do this?

Response not required due to responses to other questions.

4. Over the past month, have you had these thoughts and had some intention of acting on them?

Response not required due to responses to other questions.

5. Over the past month, have you started to work out or worked out the details of how to kill yourself?

Response not required due to responses to other questions.

6. If yes, at any time in the past month did you intend to carry out this plan?

Response not required due to responses to other questions.

7. In your lifetime, have you ever done anything, started to do anything, or prepared to do anything to end your life (for example, collected pills, obtained a gun, gave away valuables,

went to the roof but didn't jump)?

No

8. If YES, was this within the past 3 months?

Response not required due to responses to other questions.

Columbia (C-SSRS) has screened Negative

Alcohol Use Screen:

AUDIT-C administered today:

An alcohol screening test (AUDIT-C) was positive (score=9).

Counseling Required.

1. How often did you have a drink containing alcohol in the past year?

Four or more times a week

2. How many drinks containing alcohol did you have on a typical day when you were drinking in the past year?

5 or 6

3. How often did you have six or more drinks on one occasion in the past year?

Weekly

Brief alcohol counseling:

The patient was advised about recommended limits and to drink below them:

No more than 2 drinks a day on average (14/wk), or 4 drinks on any occasion.

Medical problems associated with alcohol use were reviewed with the patient.

Hypertension, CHF, liver disease, seizures, injury, medication interactions, psychiatric disorders, depression

Referral for further substance abuse evaluation and motivational counseling was considered.

Referral to ASAP/Substance Abuse Prevention is not ccessable now because COVID-19

Psychosocial Stress:

Pt responds YES to the question:Is there anything about your home, family, financial, legal, or social situation that is causing stress for you?

Brief Summary: finance, health

Homelessness/Food Insecurity Screen:

In the past 2 months, have you been living in stable housing that you own, rent, or stay in as part of a household? Yes - Living in stable housing.

Are you worried or concerned that in the next 2 months you may NOT

have stable housing that you own, rent, or stay in as part of a household?

No - Not worried about housing near future

In the past three months did you ever run out of food and you were not able to access more food or have the money to buy more food?

No - No Food shortage

/es/ ALLA PREHOGAN, MD

ATTENDING PHYSICIAN, MENTAL HEALTH

Signed: 06/30/2020 14:40

Date/Time: 07 May 2020 @ 1605

Note Title: MH: TELEPHONE CONTACT NOTE

Location: Margaret Cochran Corbin VA Campus

Signed By: BUSH,SHANE S

Co-signed By: BUSH,SHANE S

Date/Time Signed: 07 May 2020 @ 1610

Note

LOCAL TITLE: MH: TELEPHONE CONTACT NOTE

STANDARD TITLE: MENTAL HEALTH TELEPHONE ENCOUNTER NOTE

DATE OF NOTE: MAY 07, 2020@16:05 ENTRY DATE: MAY 07, 2020@16:06:02

AUTHOR: BUSH,SHANE S EXP COSIGNER:

URGENCY: STATUS: COMPLETED

Called the pt at 2:00. He stated that he was busy with school work and requested

that I call back at 4:00. He reported that he is doing well. When I called back at 4:00, there was no answer. A voicemail was left for the pt. Next appt scheduled for 5/14.

/es/ SHANE S BUSH,PHD

CLINICAL PSYCHOLOGIST

Signed: 05/07/2020 16:10

Date/Time: 30 Apr 2020 @ 1411

Note Title: MH: PSYCHOLOGY NOTE

Location: Margaret Cochran Corbin VA Campus

Signed By: BUSH,SHANE S

Co-signed By: BUSH,SHANE S

Date/Time Signed: 30 Apr 2020 @ 1416

Note

LOCAL TITLE: MH: PSYCHOLOGY NOTE

STANDARD TITLE: PSYCHOLOGY NOTE

DATE OF NOTE: APR 30, 2020@14:11 ENTRY DATE: APR 30, 2020@14:11:25

AUTHOR: BUSH,SHANE S EXP COSIGNER:

URGENCY: STATUS: COMPLETED

*** MH: PSYCHOLOGY NOTE Has ADDENDA ***

Psychotherapy Note -

Patient: Carlos Velez

Length of session: 10' via telehealth

Diagnoses / reason for treatment:

Generalized anxiety disorder
Posttraumatic stress disorder (per C&P)
Unspecified depressive disorder
Insomnia

Mood: Moderate anxiety and dysphoria, mourning

Type of intervention: Supportive therapy & CBT

Major focus of the session: The patient is mourning the death of his father who

passed away from the coronavirus last week. The mourning is appropriate. However, he is feeling overwhelmed with life responsibilities overall (e.g., family, school), and the social distancing requirements of COVID-19 make it difficult for him to get the space that he typically values. He has been drinking more alcohol during the past few days, but less than last year at this time. He plans to have no alcohol for the next couple of days. He does not think

he needs tx for the alcohol use. Ways to manage emotional stress were reviewed.

Changes since last session: A bit more anxiety and dysphoria; continues to mourn the loss of his father.

Relationship of specific interventions to Diagnosis or Problem List: The interventions help to establish appropriate goals, reinforce determination to achieve goals, reinforce appropriate decision making, facilitate expression of thoughts and feelings, and provide emotional support. The patient again reported that he values these sessions.

Patient evidenced/reported no factors suggesting increased risk for suicide/homicide.

Ongoing plan for treatment: Weekly psychotherapy. Next appointment in 1 week.

/es/ SHANE S BUSH,PHD
CLINICAL PSYCHOLOGIST

Signed: 04/30/2020 14:16

06/11/2020 ADDENDUM STATUS: COMPLETED

Pt requested a referral to psychiatry. Consult submitted.

/es/ SHANE S BUSH,PHD

CLINICAL PSYCHOLOGIST

Signed: 06/11/2020 11:55

Date/Time:	23 Apr 2020 @ 1654
Note Title:	MH: PSYCHOLOGY NOTE
Location:	Margaret Cochran Corbin VA Campus
Signed By:	BUSH,SHANE S
Co-signed By:	BUSH,SHANE S
Date/Time Signed:	23 Apr 2020 @ 1702

Note

LOCAL TITLE: MH: PSYCHOLOGY NOTE

STANDARD TITLE: PSYCHOLOGY NOTE

DATE OF NOTE: APR 23, 2020@16:54 ENTRY DATE: APR 23, 2020@16:54:36

AUTHOR: BUSH,SHANE S EXP COSIGNER:

URGENCY: STATUS: COMPLETED

Psychotherapy Note -

Patient: Carlos Velez

Length of session: 30' via telehealth

Diagnoses / reason for treatment:

Generalized anxiety disorder

Posttraumatic stress disorder (per C&P)

Unspecified depressive disorder

Insomnia

Mood: Mildly anxious and dysphoric, grief

Type of intervention: Supportive therapy & CBT

Major focus of the session: The patient's father passed away from the coronavirus. The pt is experiencing appropriate grief as he mourns the loss. His

father was a source of support in his life, particularly during difficult times.

The patient remains frustrated with the social distancing requirements associated with the virus. He continues to do well in school. Ways to manage emotional stress were reviewed. He continues to take Clonazepam, prescribed by a

non-VA psychiatrist. He had been taking Trazodone for sleep but recently discontinued it.

Changes since last session: Stable. Grief due to the loss of his father.

Relationship of specific interventions to Diagnosis or Problem List: The interventions help to establish appropriate goals, reinforce determination to achieve goals, reinforce appropriate decision making, facilitate expression of thoughts and feelings, and provide emotional support. The patient again reported that he values these sessions.

Patient evidenced/reported no factors suggesting increased risk for suicide/homicide.

Ongoing plan for treatment: Weekly psychotherapy. Next appointment in 1 week.

A voc rehab form was completed for him at his request.

/es/ SHANE S BUSH,PHD
CLINICAL PSYCHOLOGIST
Signed: 04/23/2020 17:02

Date/Time:	20 Apr 2020 @ 1610
Note Title:	SW TELEPHONE NOTE
Location:	Salisbury NC VAMC
Signed By:	LEE,ASHLEY N
Co-signed By:	LEE,ASHLEY N
Date/Time Signed:	20 Apr 2020 @ 1614

Note

LOCAL TITLE: SW TELEPHONE NOTE
STANDARD TITLE: SOCIAL WORK TELEPHONE ENCOUNTER NOTE
DATE OF NOTE: APR 20, 2020@16:10 ENTRY DATE: APR 20, 2020@16:10:12
AUTHOR: LEE,ASHLEY N EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Length of time spent: 2 minutes
Procedure code: 98966
Diagnosis code: z65.8

Caregiver Support Coordinator alerted by SW that the Caregiver and Veteran who are in our General Caregiver Program have relocated to the New York Harbor Health Care

System in New York. SW noted that the Veteran is actively received services from the New York Harbor VAMC. Caregiver Support Coordinator contacted General Caregiver, Kimberly Valez, 516-532-8855, she acknowledged that they relocated to New York. Caregiver declined to have her General Caregiver case transferred to New York, Caregiver would like to revoke from General Caregiver program at this time. Caregiver was advised if she desires to reapply for the program at any time she can do so with the Caregiver Support staff in New York. Caregiver shared that she understood. Caregiver declined any needs at this time. Caregiver has been revoked in CARMA.

/es/ ASHLEY N LEE
Caregiver Support Coordinator, LCSW
Signed: 04/20/2020 16:14

Date/Time:	20 Apr 2020 @ 1429
Note Title:	SW TELEPHONE NOTE
Location:	Salisbury NC VAMC
Signed By:	DETGEN,DAWN
Co-signed By:	DETGEN,DAWN
Date/Time Signed:	20 Apr 2020 @ 1435

Note

LOCAL TITLE: SW TELEPHONE NOTE
STANDARD TITLE: SOCIAL WORK TELEPHONE ENCOUNTER NOTE
DATE OF NOTE: APR 20, 2020@14:29 ENTRY DATE: APR 20, 2020@14:29:12
AUTHOR: DETGEN,DAWN EXP COSIGNER:
URGENCY: STATUS: COMPLETED

DATE/TIME: 4/20/20
LOCATION: Telephone
DURATION: n/a
PURPOSE: Outreach/Support

INTERVENTION: SW accessed Veteran's chart in order to call his CG to assess needs, to offer support and resources, and to discuss a contingency plan related to COVID-19.

Upon brief Chart review, writer notes that Veteran had actually not been seen at

SBY physically since 11/18. Writer reviewed JLV and noted that Veteran is currently being seen in NY (New York Harbor HCS) and is having regular appointments with a psychologist there.

PLAN: SW will remain available for support as needed. Writer notified the CSC who follows letters P-Z that the Veteran is no longer in our catchment area.

/es/ Dawn H. Detgen, MSW,LCSW
 Licensed Clinical Social Worker
 Signed: 04/20/2020 14:35

Date/Time:	16 Apr 2020 @ 1620
Note Title:	MH: PSYCHOLOGY NOTE
Location:	Margaret Cochran Corbin VA Campus
Signed By:	BUSH,SHANE S
Co-signed By:	BUSH,SHANE S
Date/Time Signed:	16 Apr 2020 @ 1626

Note

LOCAL TITLE: MH: PSYCHOLOGY NOTE
 STANDARD TITLE: PSYCHOLOGY NOTE
 DATE OF NOTE: APR 16, 2020@16:20 ENTRY DATE: APR 16, 2020@16:20:14
 AUTHOR: BUSH,SHANE S EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

Psychotherapy Note -

Patient: Carlos Velez

Length of session: 25' via telehealth

Diagnoses / reason for treatment:

Generalized anxiety disorder
 Posttraumatic stress disorder (per C&P)
 Unspecified depressive disorder
 Insomnia

Mood: Moderately anxious and dysphoric

Type of intervention: Supportive therapy & CBT

Major focus of the session: The patient's mother has recovered from the coronavirus and returned home, but his fatehr remains hospitalized in critical condition, which adds stress to the patient's prior emotional issues. He is

experiencing marrital problems because his wife is dissatisfied with where they

are in life (e.g., patient's lack of career). He is taking online accounting classes at Queens College and has a 5-year plan for improving their situation. Ways to manage emotional stress were discussed. He enjoys spending time with his wife and 2 children. He would like to return to exercising and walking in parks near his home, but social distancing requirements limit his ability to do so. Alcohol use has decreased considerably in the past year or two. He now has 1-2 drinks on weekends.

Changes since last session: Decreased but persisting anxiety.

Relationship of specific interventions to Diagnosis or Problem List: The interventions help to establish appropriate goals, reinforce determination to achieve goals, reinforce appropriate decision making, facilitate expression of thoughts and feelings, and provide emotional support. The patient reported that he values the sessions and expressed appreciation for the tx.

Patient evidenced/reported no factors suggesting increased risk for suicide/homicide.

Ongoing plan for treatment: Weekly psychotherapy. Next appointment in 1 week.

/es/ SHANE S BUSH,PHD
 CLINICAL PSYCHOLOGIST
 Signed: 04/16/2020 16:26

Date/Time:	09 Apr 2020 @ 1634
Note Title:	MH: PSYCHOLOGY NOTE
Location:	Margaret Cochran Corbin VA Campus
Signed By:	BUSH,SHANE S
Co-signed By:	BUSH,SHANE S
Date/Time Signed:	09 Apr 2020 @ 1641

Note

LOCAL TITLE: MH: PSYCHOLOGY NOTE
 STANDARD TITLE: PSYCHOLOGY NOTE
 DATE OF NOTE: APR 09, 2020@16:34 ENTRY DATE: APR 09, 2020@16:34:37
 AUTHOR: BUSH,SHANE S EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

Psychotherapy Note -

Patient: Carlos Velez

Length of session: 25' via telehealth

Diagnoses / reason for treatment:

Generalized anxiety disorder
Posttraumatic stress disorder (per C&P)
Unspecified depressive disorder
Alcohol use disorder
Insomnia

Mood: Moderately anxious and dysphoric

Type of intervention: Supportive therapy & CBT

Major focus of the session: Both of the patient's parents are hospitalized with COVID-19, which adds stress to the patient's prior emotional issues. Ways to

manage emotional stress were discussed. He enjoys spending time with his wife and

2 children. He would like to return to exercising and walking in parks near his home, but social distancing requirements limit his ability to do so. Additional coping strategies were explored.

Changes since last session: More anxiety, but the focus has shifted from himself to his parents.

Relationship of specific interventions to Diagnosis or Problem List: The interventions help to establish appropriate goals, reinforce determination to achieve goals, reinforce appropriate decision making, facilitate expression of thoughts and feelings, and provide emotional support.

Patient evidenced/reported no factors suggesting increased risk for suicide/homicide.

Ongoing plan for treatment: Weekly psychotherapy. Next appointment in 1 week.

/es/ SHANE S BUSH,PHD
CLINICAL PSYCHOLOGIST
Signed: 04/09/2020 16:41

Date/Time:	06 Apr 2020 @ 1238
Note Title:	MH: TELEPHONE CONTACT NOTE
Location:	Margaret Cochran Corbin VA Campus
Signed By:	BUSH,SHANE S
Co-signed By:	BUSH,SHANE S
Date/Time Signed:	06 Apr 2020 @ 1243
Note	

LOCAL TITLE: MH: TELEPHONE CONTACT NOTE
 STANDARD TITLE: MENTAL HEALTH TELEPHONE ENCOUNTER NOTE
 DATE OF NOTE: APR 06, 2020@12:38 ENTRY DATE: APR 06, 2020@12:38:59
 AUTHOR: BUSH,SHANE S EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

Called pt to determine interest in telemental health services. He is interested.

Appt scheduled for 4/9/20 at 4:00 PM.

/es/ SHANE S BUSH,PHD
 CLINICAL PSYCHOLOGIST
 Signed: 04/06/2020 12:43

Date/Time:	09 Mar 2020 @ 1352
Note Title:	MH: PSYCHOLOGY NOTE
Location:	Margaret Cochran Corbin VA Campus
Signed By:	BUSH,SHANE S
Co-signed By:	BUSH,SHANE S
Date/Time Signed:	09 Mar 2020 @ 1355

Note

LOCAL TITLE: MH: PSYCHOLOGY NOTE
 STANDARD TITLE: PSYCHOLOGY NOTE
 DATE OF NOTE: MAR 09, 2020@13:52 ENTRY DATE: MAR 09, 2020@13:53:24
 AUTHOR: BUSH,SHANE S EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

Name: Carlos Velez (1439)

Presenting Problem: The patient has a history of anxiety, PTSD, depression, and alcohol use disorder. He has received treatment at various VA centers, including

the NY Harbor, North Carolina, and Florida. He presented today in a state of very heightened anxiety because he received notice that he was about to be discharged from the Army reserve with a less than honorable rating because of failure to attend drills, unless the Army could obtain his medical/mental health

records to substantiate his claim that psychiatric factors prohibited him from attending drills. He requested that a form be completed that documents his MH condition.

HISTORY

Military: Army, combat engineer, served in Afghanistan, still in reserves but has failed to attend drills in recent years due to severe psychiatric symptoms.

Work: Unemployed. Psychiatric symptoms interfere with his ability to concentrate.

Social: Currently residing with his mother. Had been living in N. Carolina with family and then in FL with a friend until becoming homeless. He stated that his mother is taking care of him.

Medical: HLD, HTN, tinnitus, lumbago

Substance use: The patient reported a long and continuing history of alcohol abuse.

Mental Status: Alert and fully oriented

Appearance: Appropriate.

Behavior: Restless, polite

Gait/movement: Normal

Mood/Affect: Very anxious

Speech: Fluent

Thought Process: Clear, logical, goal directed, but almost desperate

I/J: Fair

SI/HI None

Diagnosis: Generalized anxiety disorder
Posttraumatic stress disorder (per C&P)
Unspecified depressive disorder
Alcohol use disorder
Insomnia

The patient expressed interest in treatment for these conditions.

PLAN The patient was referred to the Queens Vet Center for psychotherapy.

The patient was given information about the AA meetings held at the St. Albans VA, at his request.

The Summary of Care by Non-Military Medical Provider form was completed per the patient's request.

The patient was given my contact information and agreed to call if he has any questions in the future.

The patient was very thankful for the service that was provided and was much less distressed at the conclusion of the appt.

Encounter: 90791

Visit duration: 45'

Report: 30'

/es/ SHANE S BUSH,PHD
CLINICAL PSYCHOLOGIST
Signed: 03/09/2020 13:55

Date/Time:	03 Mar 2020 @ 1502
Note Title:	ADMIN: PATIENT SCHEDULING NOTE
Location:	Margaret Cochran Corbin VA Campus
Signed By:	MASSIAH,TONNIA NICOLE
Co-signed By:	MASSIAH,TONNIA NICOLE
Date/Time Signed:	03 Mar 2020 @ 1504

Note

LOCAL TITLE: ADMIN: PATIENT SCHEDULING NOTE
STANDARD TITLE: ADMINISTRATIVE NOTE
DATE OF NOTE: MAR 03, 2020@15:02 ENTRY DATE: MAR 03, 2020@15:02:34
AUTHOR: MASSIAH,TONNIA NICO EXP COSIGNER:
URGENCY: STATUS: COMPLETED

ADMINISTRATIVE PATIENT CONTACT

CONTACTED PT TO RESCHEDULE 03/05/20@9AM MENTAL HEALTH APPOINTMENT DUE TO DR.
BEING ON MEDICAL LEAVE.
VOICEMAIL WAS LEFT FOR PATIENT TO CALL EXT 2753.

/es/ TONNIA NICOLE MASSIAH
MEDICAL SUPPORT ASSISTANT
Signed: 03/03/2020 15:04

Date/Time:	21 Feb 2020 @ 1110
Note Title:	HAS CONTACT NOTE
Location:	Miami FL VAMC
Signed By:	ZONICAL,ASHIMMIE T
Co-signed By:	ZONICAL,ASHIMMIE T
Date/Time Signed:	21 Feb 2020 @ 1111

Note

LOCAL TITLE: HAS CONTACT NOTE
STANDARD TITLE: ADMINISTRATIVE NOTE
DATE OF NOTE: FEB 21, 2020@11:10 ENTRY DATE: FEB 21, 2020@11:10:36
AUTHOR: ZONICAL,ASHIMMIE T EXP COSIGNER:
URGENCY: STATUS: COMPLETED

PATIENT CONTACT DOCUMENTATION

Service Area:
 Mental Health and Behavioral Health
 First attempt via telephone
 No Contact
 No Answer, Left Voicemail

/es/ ASHIMMIE T ZONICAL
 MEDICAL SUPPORT ASSISTANT
 Signed: 02/21/2020 11:11

Date/Time:	14 Jan 2020 @ 1508
Note Title:	SOCIAL WORK PROGRESS NOTE
Location:	Miami FL VAMC
Signed By:	FERNANDEZ,GEORGE C
Co-signed By:	FERNANDEZ,GEORGE C
Date/Time Signed:	14 Jan 2020 @ 1516

Note

LOCAL TITLE: SOCIAL WORK PROGRESS NOTE
 STANDARD TITLE: SOCIAL WORK NOTE
 DATE OF NOTE: JAN 14, 2020@15:08 ENTRY DATE: JAN 14, 2020@15:08:06
 AUTHOR: FERNANDEZ,GEORGE C EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

Date of Service
 01/14/2020
 Time of Service: Duration of Service:
 1430 30 min
 Type of Service:
 Fast Track:
 MH eval - 10 min
 Health / Behavior Intervention - 20 min
 Diagnosis:
 PTSD

FAST TRACK NOTE

Presenting Problem: "I need help with this paper work."

Summary: Patient seen and evaluated by the undersigned, chart reviewed, patient aware of the issues and limitations regarding confidentiality. SW met with patient, a 35 year old, 100% service connected, Hispanic-American male veteran who presents to Fast Track to establish psychiatric care at this clinic. The veteran presents oriented to all spheres, with neat and clean appearance, and he was cooperative during the encounter. His thoughts seemed organized and goal-directed and his insight / judgement seemed fair. Veteran did not appear to be

responding to any internal stimuli. He denies feeling suicidal or homicidal at this time. Mr. Velez is brand new to this clinic. The veteran moved here from N Carolina and while there, he was being seen at a local VA. Veteran was being seen for MH care and he reports being prescribed psychotropic medications. The veteran presents to Fast Track with some paper work he needs filled out excusing

him from US Army Reserve duties. The undersigned explained that the veteran will

have to be evaluated by a psychiatrist here in order to determine if such paper work can be completed. Veteran verbalized understanding. He was agreeable to having the undersigned enter a consult to psychiatry. Veteran was educated on consult process. Veteran also reminded to take all psychiatric medications that may be prescribed in the future as directed. He thanked the undersigned for the assistance. No other Fast Track needs identified.

Disposition: Consult entered for veteran to be evaluated. Veteran educated on consult process. No other Fast Track needs identified.

Risk Intervention: The pt was informed of the availability of Miami VA and local

hospitals for psychiatric emergency/ crisis evaluation and or admission if deemed necessary. Explored for safety - Veteran reported that he is not suicidal nor homicidal at this time, explored for historical ideation or behavior - none present in recent history. Veteran said he would contact this clinic or the Veterans Crisis Line at 1800-273-8255 (press option 1) should he feel overwhelmed, suicidal, and/or homicidal. Veteran also informed that he can text 838255 to receive confidential support 24 hours a day.

/es/ GEORGE C FERNANDEZ, CSW
 Licensed Clinical Social Worker
 Signed: 01/14/2020 15:16

Date/Time:	10 Jul 2019 @ 1313
Note Title:	CALL CENTER TELEPHONE NOTE
Location:	Salisbury NC VAMC
Signed By:	WARE,CYNTHIA L
Co-signed By:	WARE,CYNTHIA L
Date/Time Signed:	10 Jul 2019 @ 1333

Note

LOCAL TITLE: CALL CENTER TELEPHONE NOTE
 STANDARD TITLE: NURSING TELEPHONE ENCOUNTER TRIAGE NOTE
 DATE OF NOTE: JUL 10, 2019@13:13:06 ENTRY DATE: JUL 10, 2019@13:33:28
 AUTHOR: WARE,CYNTHIA L EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

*** CALL CENTER TELEPHONE NOTE Has ADDENDA ***

Caller Area: 6-SALISBURY

Type of call: SYMPTOM.

The patient, VELEZ,CARLOS ANDRES (127681439) Phone: (917)783-6380 called the call center.

The following identifiers were used to verify this patient: DOB. Other: full name.

Contact Phone Number: (917)783-6380 cell

Chief Complaint: Chest Pain

Caller Response: 911

Patient/Caller disagrees with plan: Wants PCP appointment

Class Code: Other specified counseling.

Triage Note

Phone Triage

Wed Jul 10 2019 13:15:24 GMT-0400 (Eastern Daylight Time)

Demographics

35 y/o Male

Results

CC: Chest Pain

Nurse Recommendation: Now, 911

TEDP Suggestion: Now, 911

Nurse Recommended Follow-up Location: Emergency department, non-VA

TEDP Suggested Follow-up Location: Emergency department, VA

Values and Measures

Pain scale: 5

Duration of CC: 8 Months

Positive Responses

HPI: chest pain, similar to past angina

HPI: dyspnea, with chest pain

PMH: angina

Negative Responses

Denies: HPI: chest pain, duration longer than 10 minutes

Denies: HPI: chest pain, severe

Denies: MEDS: nitroglycerin taken for chest pain

Denies: PMH: heart attack

Nurse Notes:

Call was transferred to me urgently by a Call Center MSA.

Veteran wants a referral to a Cardiologist for an echocardiogram and labwork.

For the past 8 months or so Veteran has had intermittent chest pain with activity. He has not seen a doctor for chest pain. Denied a past history of heart attack or heart problem.

The chest pain does not occur daily. Last had chest pain yesterday while in the supermarket with his son.

The pain is in the left side of his chest and lasts 2-3 minutes and causes shortness of breath and sweats. At times feels his heart skip a beat or heart pounds. Last checked blood pressure 1 week ago and was 139/95, does not remember pulse reading. Takes Metoprolol BID; denied any recent skipped doses.

Denied the chest pain radiating anywhere or any dizziness, numbness/tingling/weakness anywhere, nausea, vomiting. See all NEGATIVE RESPONSES above.

Veteran declined TEDP Triage recommendation that he call 911 now. Also declined having someone drive him to nearest ER now. PCP is not in Clinic this week or next week.

View alert sent to PCC PACT Team. Secure urgent IM sent to surrogate PCP and to PCC RN.

Triage Protocol Used: TEDP

Length of Call: 6 min 29 sec

Evaluation/Management Code: HC PRO PHONE CALL 11-20 MIN (98967).

Original call started at: JUL 10, 2019 @ 13:11 (Call was suspended)

- DOCTOR,SHAQURRA T JUL 10, 2019@13:11:18 - JUL 10, 2019@13:12:23

Ending at: 7/10/2019 @ 1:26:05 PM

Length: 14 minutes. (Call was suspended. This call length is the total amount of time spent "active" in Telecare Record Manager.)

Author: WARE,CYNTHIA L

Patient's Email Addresss: CARLOSVELEZ51@YAHOO.COM

/es/ CYNTHIA L WARE

RN, BSN

Signed: 07/10/2019 13:33

Receipt Acknowledged By:

07/12/2019 09:36 /es/ CHRISTEL KEISLER, MD

FAMILY MEDICINE PHYSICIAN

07/10/2019 15:29 /es/ ROSEMARY OMACH,BSN, RN-CCRN

PRIMARY CARE RN

07/11/2019 11:11 /es/ Valerie E Clark-Mclendon LPN
LPN

07/10/2019 ADDENDUM STATUS: COMPLETED
CORRECTION: No surrogate PCP is listed on today's shared calendar. PCC RN
and
PCC LPN are not on IM today.

/es/ CYNTHIA L WARE
RN, BSN
Signed: 07/10/2019 14:10

07/10/2019 ADDENDUM STATUS: COMPLETED
ADDENDUM: I have since found that Dr Keisler and Rosemary Omach, RN are covering
for this PCC today. Secure urgent IM sent to Dr Keisler and RN Omach. I changed
the view alerts on my note above.

/es/ CYNTHIA L WARE
RN, BSN
Signed: 07/10/2019 14:15

07/10/2019 ADDENDUM STATUS: COMPLETED
Verified Vet's name, dob, ssn
Reached out to vet and he said he is not having any chest pain now. He just
wanted to book an appointment with pcp. However, stressed the need to go to ER
if pain returns, also gave him urgent care clinics listed below that he can go
to. Informed him of his priority group and benefits per mission act, then
transferred him to book an appointment for pcp.

1
DOCTORS CARE INDIAN LAND
8384 Charlotte Hwy Indian Land, SC 29707
telephone
803-547-2426
Distance 0.91 miles
Directions

2
MINUTECLINIC
7697 Charlotte Hwy Indian Land, SC 29707
telephone
866-389-2727
Distance 2.51 miles
Directions

3
MINUTECLINIC
9628 Rea Rd Charlotte, NC 28277
telephone
866-389-2727
Distance 5.67 miles
Directions

4

MINUTECLINIC
 13845 Conlan Cir Charlotte, NC 28277
 telephone
 866-389-2727
 Distance 6.12 miles
 Directions
 5

MINUTECLINIC
 1142 N Broome St Waxhaw, NC 28173
 telephone
 866-389-2727
 Distance 6.55 miles
 Directions
 6

MINUTECLINIC
 1740 Highway 160 W Fort Mill, SC 29708
 telephone
 866-389-2727
 Distance 7.93 miles
 Directions
 7

DOCTORS CARE ROCK HILL
 2174 Cherry Rd Rock Hill, SC 29732
 telephone
 803-325-8280
 Distance 8.08 miles
 Directions

/es/ ROSEMARY OMACH,BSN, RN-CCRN
 PRIMARY CARE RN
 Signed: 07/10/2019 15:29

07/11/2019 ADDENDUM STATUS: COMPLETED
 Noted

/es/ Valerie E Clark-Mclendon LPN
 LPN
 Signed: 07/11/2019 11:11

Date/Time:	07 Feb 2019 @ 1327
Note Title:	LETTER - MSA CLINICAL COMMUNICATION
Location:	Salisbury NC VAMC
Signed By:	CONNER-PREYAR,BRANDY M
Co-signed By:	CONNER-PREYAR,BRANDY M
Date/Time Signed:	07 Feb 2019 @ 1327

Note

LOCAL TITLE: LETTER - MSA CLINICAL COMMUNICATION

STANDARD TITLE: LETTERS

DATE OF NOTE: FEB 07, 2019@13:27 ENTRY DATE: FEB 07, 2019@13:27:27

AUTHOR: CONNER-PREYAR,BRAND EXP COSIGNER:

URGENCY: STATUS: COMPLETED

FEB 07, 2019

CARLOS ANDRES VELEZ
2087 BROOKCHASE BLVD
INDIAN LAND, SOUTH CAROLINA 29707

Dear Veteran:

We have been trying to reach you to schedule an appointment in the below specialty.

Once you receive this letter, please call the
Charlotte VA Health Care Center to schedule your appointment.
If we have not heard from you within 14 days from the date this letter
was mailed, your request will be discontinued.
If this happens, you will need to contact your referring provider to submit a
new appointment request.

Service/Specialty Clinic:Mental Health (BHIP Consult)

Phone Number: 704-329-1300 (Charlotte VA Health Care Center)
Extension:31300

Thank you for allowing us to meet your medical needs. We look forward to
hearing from you.

Sincerely,

BMCP

Date/Time:	14 Nov 2018 @ 1418
Note Title:	PCMHI CLINIC NOTE
Location:	Salisbury NC VAMC
Signed By:	BENFIELD,EDWARD S II
Co-signed By:	BENFIELD,EDWARD S II
Date/Time Signed:	14 Nov 2018 @ 1427

Note

LOCAL TITLE: PCMHI CLINIC NOTE
STANDARD TITLE: MENTAL HEALTH NOTE
DATE OF NOTE: NOV 14, 2018@14:18 ENTRY DATE: NOV 14, 2018@14:18:41
AUTHOR: BENFIELD,EDWARD S I EXP COSIGNER:
URGENCY: STATUS: COMPLETED

*** PCMHI CLINIC NOTE Has ADDENDA ***

PCMHI Note

Date of service: Nov 14,2018

SERVICE CONNECTION: SERVICE CONNECTED % - 100

Rated Disabilities:

TINNITUS - 10% Service Connected
POST-TRAUMATIC STRESS DISORDER - 100% Service Connected
DEGENERATIVE ARTHRITIS OF THE SPINE - 20% Service Connected
LIMITED MOTION OF ARM - 20% Service Connected

Referred by:

☒ X PCMHI Staff
☐ In person request
☐ Telephone/Secure messaging
☐ Unknown

URGENCY OF NEED FOR CARE:

☐ Urgent (time sensitive/emergent)
☒ X Non urgent

Date of service: Nov 14,2018

SERVICE CONNECTION: SERVICE CONNECTED % - 100

Rated Disabilities:

TINNITUS - 10% Service Connected
POST-TRAUMATIC STRESS DISORDER - 100% Service Connected
DEGENERATIVE ARTHRITIS OF THE SPINE - 20% Service Connected

LIMITED MOTION OF ARM - 20% Service Connected

Chief complaint/Presenting issue: I feel stable

History of Present Illness: This was my fourth psychiatric assessment of this 34 y.o. veteran whom I have diagnosed with OCD/PTSD/

Substance use:

Alcohol:

Tobacco:

Drugs:

Family History:

Medication side effects:

Medication compliance:

OBJECTIVE:

MENTAL STATUS EXAM

Appearance:

Gait/Station: WNL

Strength/Tone: Not tested

Attention/Concentration: WNL

Orientation: X 4

Language: at least average IQ as estimated by vocabulary and sentence structure

Level of Consciousness: constant

Fund of Knowledge: WNL

Recent/Remote Memory: grossly intact as estimated by routine parameters

Speech: spontaneous, not slurred

Thought Process: goal-directed thinking

Associations: WNL

Affect: full range/appropriate to content

Mood: euthymic

Thought Content: denies thoughts of hurting them self, not helpless/hopeless, future oriented

Perceptions: clear

Insight: good

Judgement: good

Vitals:

Height: 71 in [180.3 cm] (03/03/2018 08:53)

Weight: 241.8 lb [109.9 kg] (03/03/2018 08:53)

BODY MASS INDEX - MAR 03, 2018@08:53:14 33.8

Temp: 98 F [36.7 C] (03/03/2018 08:53)

BP: 140/84 (03/03/2018 08:53)
Pulse: 84 (03/03/2018 08:53)
Respirations: 18 (03/03/2018 08:53)
3/3/18 @ 0853 PULSE OXIMETRY: 97
Pain: 0 (03/03/2018 08:53)

Allergies: ABILIFY

Medications:

Active Outpatient Medications (including Supplies):

Active Outpatient Medications	Status
1) FLUOXETINE HCL 20MG CAP TAKE ONE CAPSULE BY MOUTH DAILY FOR MENTAL HEALTH	ACTIVE

Active Non-VA Medications	Status
1) Non-VA METOPROLOL TAB MOUTH	ACTIVE

2 Total Medications

ASSESSMENT:

Case Formulation: Suicide coding

DIAGNOSTIC IMPRESSION (The following diagnoses are based on DSM 5 criteria and may be initial impressions only)

Mental Health Diagnoses and Relevant Medical Conditions:

1. Adverse affects of Medication- Medication Induced Psychosis
2. Obsessive Compulsive Disorder with good insight
3. PTSD
4. MDD

Medication Changes this visit:

- 1.
- 2.

Treatment:

1. Medications changes as noted above.
2. Discussed risks, benefits, side effects and alternatives to treatment (including no treatment) and Veteran is agreeable to the plan.
3. Labs and or imaging studies ordered:
4. Consultations ordered:
5. FOLLOW UP:
 - a. LOCATION: Marshall Park MHPC
 - b. CLINICALLY INDICATED DATE:

6. Medication reconciliation performed and copy given to the vet if s/he asked for it. Some patients prefer to use online access to paper records.
7. VETERANS CURRENT QUESTIONS AND NEEDS REGARDING MENTAL HEALTH SERVICES addressed
8. Daily exercise as tolerated
9. No alcohol or illicit drugs
10. Limited/no caffeine
11. An information sheet including emergency contact information, secure messaging information, medication refill procedures, etc. was handed to the patient if they needed an additional sheet for future reference

FUTURE APPOINTMENTS:

No data available

- **Veteran provided local contact information for mental health services.
- **Veteran made aware of Emergency services if needed at local emergency room or VA Emergency Department.
- **Veteran provided with Veterans Choice Line contact number: 1-866-606-8198
- **Veteran provided with Veterans Crisis Line number at 1-800-273-8255 (TALK). Press 1 to talk with someone right away.

/es/ Edward S. Benfield, II MD
Staff Psychiatrist
Signed: 11/14/2018 14:27

12/05/2018 ADDENDUM STATUS: COMPLETED
The following is the patient's complete note:

PCMHI Note

Date of service: Nov 14,2018

SERVICE CONNECTION: SERVICE CONNECTED % - 100

Rated Disabilities:

- TINNITUS - 10% Service Connected
- POST-TRAUMATIC STRESS DISORDER - 100% Service Connected
- DEGENERATIVE ARTHRITIS OF THE SPINE - 20% Service Connected
- LIMITED MOTION OF ARM - 20% Service Connected

Referred by:

- ☒ PCMHI Staff
- ☐ In person request
- ☐ Telephone/Secure messaging
- ☐ Unknown

URGENCY OF NEED FOR CARE:

- ☐ Urgent (time sensitive/emergent)
- ☒ Non urgent

Date of service: Nov 14,2018

SERVICE CONNECTION: SERVICE CONNECTED % - 100

Rated Disabilities:

TINNITUS - 10% Service Connected

POST-TRAUMATIC STRESS DISORDER - 100% Service Connected

DEGENERATIVE ARTHRITIS OF THE SPINE - 20% Service Connected

LIMITED MOTION OF ARM - 20% Service Connected

Chief complaint/Presenting issue: I feel stable

History of Present Illness: This was my fourth psychiatric assessment of this 34

y.o. veteran whom I have diagnosed with OCD/PTSD/MDD. Unfortunately he didn't

attend his intake in the MHC and chose to return to see me.

Patient says his mother did in fact spend weeks with him after our last visit and "helped me to get back on track". He says he started to take his medication

regularly and feels "stable again". No longer feeling out of control of his

fear/anxiety, patient says his mother is no longer visiting and he's "back to

taking care of myself and family."

Denies issues with sleep, depression, anxiety, concentration

Substance use: none

Alcohol:

Tobacco:

Drugs:

Medication side effects: none

Medication compliance: good

OBJECTIVE:

MENTAL STATUS EXAM

Appearance: neatly dressed, smiling, calm

Gait/Station: WNL

Strength/Tone: Not tested

Attention/Concentration: WNL

Orientation: X 4

Language: above average IQ as estimated by vocabulary and sentence structure

Level of Consciousness: constant

Fund of Knowledge: WNL

Recent/Remote Memory: grossly intact as estimated by routine parameters
Speech: spontaneous, not slurred
Thought Process: goal-directed thinking
Associations: WNL
Affect: full range/appropriate to content
Mood: euthymic
Thought Content: denies thoughts of hurting them self, not helpless/hopeless,
future oriented
Perceptions: clear
Insight: good
Judgement: good

Vitals:

Height: 71 in [180.3 cm] (03/03/2018 08:53)
Weight: 241.8 lb [109.9 kg] (03/03/2018 08:53)
BODY MASS INDEX - MAR 03, 2018@08:53:14 33.8
Temp: 98 F [36.7 C] (03/03/2018 08:53)
BP: 140/84 (03/03/2018 08:53)
Pulse: 84 (03/03/2018 08:53)
Respirations: 18 (03/03/2018 08:53)
3/3/1
8 @ 0853 PULSE OXIMETRY: 97
Pain: 0 (03/03/2018 08:53)

Allergies: ABILIFY

Medications:

Active Outpatient Medications (including Supplies):

Active Outpatient Medications	Status
1) FLUOXETINE HCL 20MG CAP TAKE ONE CAPSULE BY MOUTH DAILY FOR MENTAL HEALTH	ACTIVE

Active Non-VA Medications	Status
1) Non-VA METOPROLOL TAB MOUTH	ACTIVE

2 Total Medications

ASSESSMENT:

Case Formulation: Self-reported improvement. Patient needs more intensive F/U
so I have re-submitted a BHIP Consult

DIAGNOSTIC IMPRESSION (The following diagnoses are based on DSM 5 criteria and
may be initial impressions only)

Mental Health Diagnoses and Relevant Medical Conditions:

1. Adverse affects of Medication- Medication Induced Psychosis
2. Obsessive Compulsive Disorder with good insight
3. PTSD
4. MDD

Medication Changes this visit:

1. None
- 2.

Treatment:

1. Medications changes as noted above.
2. Discussed risks, benefits, side effects and alternatives to treatment (including no treatment) and Veteran is agreeable to the plan.
3. Labs and or imaging studies ordered:
4. Consultations ordered: CVC/MHC/PSY/A Consult Appt. on FEB 04, 2019@13:00
5. FOLLOW UP:
 - a. LOCATION: Marshall Park MHPC
 - b. CLINICALLY INDICATED DATE: TBA
6. Medication reconciliation performed and copy given to the vet if s/he asked for it. Some patients prefer to use online access to paper records.
7. VETERANS CURRENT QUESTIONS AND NEEDS REGARDING MENTAL HEALTH SERVICES addressed
8. Daily exercise as tolerated
9. No alcohol or illicit drugs
10. Limited/no caffeine
11. An information sheet including emergency contact information, secure messaging information, medication refill procedures, etc. was handed to the patient if they needed an additional sheet for future reference

FUTURE APPOINTMENTS:

No data available

**Veteran provided local contact information for mental health services.

**Veteran made aware of Emergency services if needed at local emergency room or VA Emergency Department.

**Veteran provided with Veterans Choice Line contact number: 1-866-606-8198

**Veteran provided with Veterans Crisis Line number at 1-800-273-8255 (TALK).

Press 1 to talk with someone right away.

/es/ Edward S. Benfield, II MD

Staff Psychiatrist

Signed: 11/14/2018 14:27

/es/ Edward S. Benfield, II MD

Staff Psychiatrist

Signed: 12/05/2018 16:47

Date/Time:	26 Jul 2018 @ 1503
Note Title:	SUICIDE RISK ASSESSMENT (T)
Location:	Salisbury NC VAMC
Signed By:	BENFIELD,EDWARD S II
Co-signed By:	BENFIELD,EDWARD S II
Date/Time Signed:	26 Jul 2018 @ 1504
Note	
<p>LOCAL TITLE: SUICIDE RISK ASSESSMENT (T) STANDARD TITLE: SUICIDE PREVENTION RISK ASSESSMENT SCREENING NOT DATE OF NOTE: JUL 26, 2018@15:03 ENTRY DATE: JUL 26, 2018@15:03:34 AUTHOR: BENFIELD,EDWARD S I EXP COSIGNER: URGENCY: STATUS: COMPLETED</p> <p>CURRENT RISK FACTORS:</p> <p>1. Feelings of hopelessness or helplessness?</p> <p>No</p> <p>2. History of suicide attempt?</p> <p>No</p> <p>3. Have you had thoughts about taking your life?</p> <p>No</p> <p>4. Intent to harm self?</p> <p>No</p> <p>5. Current and specific plan to harm self?</p> <p>No.</p> <p>Did the patient answer YES to any of the risk factors?</p> <p>No, veteran does not demonstrate signs or symptoms of suicidal ideations/behaviors that would suggest the need for intervention and/or further evaluation.</p> <p>/es/ Edward S. Benfield, II MD Staff Psychiatrist Signed: 07/26/2018 15:04</p>	

Date/Time:	26 Jul 2018 @ 1503
Note Title:	MEDICATION RECONCILIATION NOTE (T)
Location:	Salisbury NC VAMC
Signed By:	BENFIELD,EDWARD S II
Co-signed By:	BENFIELD,EDWARD S II
Date/Time Signed:	26 Jul 2018 @ 1505
Note	

LOCAL TITLE: MEDICATION RECONCILIATION NOTE (T)
STANDARD TITLE: MEDICATION MGT NOTE
DATE OF NOTE: JUL 26, 2018@15:03 ENTRY DATE: JUL 26, 2018@15:03:49
AUTHOR: BENFIELD,EDWARD S I EXP COSIGNER:
URGENCY: STATUS: COMPLETED

**** Medication Reconciliation Information ****

Medication review completed with updates to the medication list.

IMPORTANT: PLEASE READ CAREFULLY!
Patient Information: Medication Updates

NEW medications: See medication list below.

Seroquel for sleep

DISCONTINUED medications: Abilify

Active Inpatient and Outpatient Medications (including Supplies):

Active Outpatient Medications	Status
-------------------------------	--------

=
1) FLUOXETINE HCL 20MG CAP TAKE ONE CAPSULE BY MOUTH ACTIVE
DAILY FOR MENTAL HEALTH

Pending Outpatient Medications	Status
--------------------------------	--------

=
1) QUETIAPINE FUMARATE 100MG TAB TAKE ONE-HALF TABLET BY PENDING
MOUTH AT BEDTIME FOR MENTAL HEALTH

Active Non-VA Medications	Status
---------------------------	--------

=
1) Non-VA METOPROLOL TAB MOUTH ACTIVE

3 Total Medications

Documented Allergies: Patient has answered NKA
No Remote Allergy/ADR Data available for this patient

Patient Medication Self-Care Instructions
Please Read Carefully!

-The computer lists new prescription status as "pending"
-If you have already been taking a medication, and it has been renewed
at this visit, it will be on this list a SECOND time as "active"

Please DO NOT take it twice!

- Take medications only according to the NEWEST instructions you have been given
- Follow the instructions on the prescription bottle unless told otherwise
- Discard containers that DO NOT have CURRENT instructions
- Always discard OUT OF DATE medications and medications that you no longer take
- Always bring ALL of your medications, in their containers, with you to your appointments for all of your records to be updated
- Update old medication lists when any new medications are added, doses are changed, and/or when medications are discontinued (including any over-the-counter products)
- Update medication lists with any retail pharmacies you may use
- Carry medication information at all times in the event of emergency situations

If you have any questions about how to take your medications, or if you think you may have received the wrong medication, call 1-800-469-8262, and choose the PHARMACY option to speak to a pharmacy representative.
--For after-hours, please dial "0" for the operator, or call 1-877-902-5142, option "5" to reach the VA Regional Health Line.

Medication reconciliation completed with Name, dosage, frequency, and drug interactions verified.

-Source for Medication Review:

List

- Patient reports NO use of Non-VA Medications at this time.
- Provided and explained current list of reconciled medications to the patient/caregiver to include education/counseling for why the medication/s is prescribed, how each should be taken and for how long, what to expect, and what happens if the medication is not take as prescribed.
- Provided education and counseling to the patient/caregiver for any new medications added today based upon individual needs. This includes why the medication was prescribed, how it should be taken and for how long, what to expect from it, and what happens if the medication is not taken as prescribed. By signing this note, I certify that Veteran, caregiver or family member voiced understanding of my instructions. A copy of the updated medication list was provided that included any medications added, changed, and/or discontinued today.
- Reminded patient/caregiver to discard old medication lists and to update all records with medication providers and with all retail pharmacies. Explained the importance of managing medication information to the patient/caregiver at the end of this care delivery encounter. This explanation included, but was not limited to: instructing the patient to give a list to his or her primary care physician; to update the information when medications are discontinued, doses are changed, or new medications (including

over-the-counter products) are added; and to carry medication information at all times in the event of emergency situations.

/es/ Edward S. Benfield, II MD
Staff Psychiatrist
Signed: 07/26/2018 15:05

Date/Time:	26 Jul 2018 @ 1411
Note Title:	PCMHI CLINIC NOTE
Location:	Salisbury NC VAMC
Signed By:	BENFIELD,EDWARD S II
Co-signed By:	BENFIELD,EDWARD S II
Date/Time Signed:	26 Jul 2018 @ 1438

Note

LOCAL TITLE: PCMHI CLINIC NOTE
STANDARD TITLE: MENTAL HEALTH NOTE
DATE OF NOTE: JUL 26, 2018@14:11 ENTRY DATE: JUL 26, 2018@14:11:43
AUTHOR: BENFIELD,EDWARD S I EXP COSIGNER:
URGENCY: STATUS: COMPLETED

*** PCMHI CLINIC NOTE Has ADDENDA ***

PCMHI Note

Date of service: Jul 26,2018

SERVICE CONNECTION: SERVICE CONNECTED % - 80
Rated Disabilities:
TINNITUS - 10% Service Connected
POST-TRAUMATIC STRESS DISORDER - 70% Service Connected
LIMITED MOTION OF ARM - 20% Service Connected
DEGENERATIVE ARTHRITIS OF THE SPINE - 20% Service Connected

Referred by:

☒ X PCMHI Staff
☐ In person request
☐ Telephone/Secure messaging
☐ Unknown

URGENCY OF NEED FOR CARE:

☐ Urgent (time sensitive/emergent)
☒ X Non urgent

Date of service: Jul 26,2018

SERVICE CONNECTION: SERVICE CONNECTED % - 80
Rated Disabilities:

TINNITUS - 10% Service Connected
POST-TRAUMATIC STRESS DISORDER - 70% Service Connected
LIMITED MOTION OF ARM - 20% Service Connected
DEGENERATIVE ARTHRITIS OF THE SPINE - 20% Service Connected

Chief complaint/Presenting issue: I had to come in early because everything is worse.

History of Present Illness: This was my third psychiatric assessment of this 34 y.o. veteran whom I have treated for OCD/PTSD/MDD. About 1 month ago I added Abilify to help with sleep/depression and about a week after starting it "I

though I saw someone walking in my back yard and there wasn't anybody there."

About the same time his wife came back to live with him "and we got back to

arguing about the same stuff and she didn't understand and she's just made me

worse". He "couldn't be around other people", stopped going to work "2 weeks

ago because I'm afraid, I'm agitated, I don't want to take orders". His sleep

started getting worse after starting Abilify and now he's waking up every few

nights, he's now feeling shakey, can't sit still, his hands are shakey, he's

picking at his skin now.

Substance use:

Alcohol: none

Tobacco: none

Drugs: none

Medication side effects:

Medication compliance:

OBJECTIVE:

MENTAL STATUS EXAM

Appearance:

Gait/Station: WNL

Strength/Tone: Not tested

Attention/Concentration: WNL

Orientation: X 4

Language: at least average IQ as estimated by vocabulary and sentence structure

Level of Consciousness: constant

Fund of Knowledge: WNL

Recent/Remote Memory: grossly intact as estimated by routine parameters

Speech: spontaneous, not slurred

Thought Process: goal-directed thinking

Associations: WNL

Affect: full range/appropriate to content

Mood: euthymic

Thought Content: denies thoughts of hurting them self, not helpless/hopeless, future oriented

Perceptions: clear

Insight: good

Judgement: good

Vitals:

Height: 71 in [180.3 cm] (03/03/2018 08:53)

Weight: 241.8 lb [109.9 kg] (03/03/2018 08:53)

BODY MASS INDEX - MAR 03, 2018@08:53:14 33.8

Temp: 98 F [36.7 C] (03/03/2018 08:53)

BP: 140/84 (03/03/2018 08:53)

Pulse: 84 (03/03/2018 08:53)

Respirations: 18 (03/03/2018 08:53)

3/3/18 @ 0853 PULSE OXIMETRY: 97

Pain: 0 (03/03/2018 08:53)

Allergies: Patient has answered NKA

Medications:

Active Outpatient Medications (including Supplies):

Active Outpatient Medications	Status
1) ARIPIPRAZOLE 10MG TAB TAKE ONE-HALF TABLET BY MOUTH DAILY FOR MENTAL HEALTH MAY TAKE ANY TIME OF DAY OR NIGHT DEPENDING ON WHETHER OR NOT IT MAKES THE PATIENT SLEEPY/TIRED	ACTIVE
2) FLUOXETINE HCL 20MG CAP TAKE ONE CAPSULE BY MOUTH DAILY FOR MENTAL HEALTH	ACTIVE
3) TEMAZEPAM 30MG CAP TAKE ONE CAPSULE BY MOUTH AT BEDTIME	ACTIVE

Active Non-VA Medications	Status
1) Non-VA METOPROLOL TAB MOUTH	ACTIVE

4 Total Medications

ASSESSMENT:

Case Formulation: Suicide coding

DIAGNOSTIC IMPRESSION (The following diagnoses are based on DSM 5 criteria and may be initial impressions only)

Mental Health Diagnoses and Relevant Medical Conditions:

1. Obsessive Compulsive Disorder with good insight
2. PTSD
3. MDD

Medication Changes this visit:

- 1.
- 2.

Treatment:

1. Medications changes as noted above.
2. Discussed risks, benefits, side effects and alternatives to treatment (including no treatment) and Veteran is agreeable to the plan.
3. Labs and or imaging studies ordered:
4. Consultations ordered: August 10th BHIP intake
5. FOLLOW UP:
 - a. LOCATION: Marshall Park MHPC
 - b. CLINICALLY INDICATED DATE:
6. Medication reconciliation performed and copy given to the vet if s/he asked for it. Some patients prefer to use online access to paper records.
7. VETERANS CURRENT QUESTIONS AND NEEDS REGARDING MENTAL HEALTH SERVICES addressed
8. Daily exercise as tolerated
9. No alcohol or illicit drugs
10. Limited/no caffeine
11. An information sheet including emergency contact information, secure messaging information, medication refill procedures, etc. was handed to the patient if they needed an additional sheet for future reference

FUTURE APPOINTMENTS:

08/10/2018 13:00 CVC/MHC/PSY/K

**Veteran provided local contact information for mental health services.

**Veteran made aware of Emergency services if needed at local emergency room or VA Emergency Department.

**Veteran provided with Veterans Choice Line contact number: 1-866-606-8198

**Veteran provided with Veterans Crisis Line number at 1-800-273-8255 (TALK).

Press 1 to talk with someone right away.

/es/ Edward S. Benfield, II MD

Staff Psychiatrist

Signed: 07/26/2018 14:38

07/26/2018 ADDENDUM

STATUS: COMPLETED

The following is the complete note; the initial one was signed prematurely.

PCMHI Note

Date of service: Jul 26,2018

SERVICE CONNECTION: SERVICE CONNECTED % - 80

Rated Disabilities:

TINNITUS - 10% Service Connected

POST-TRAUMATIC STRESS DISORDER - 70% Service Connected

LIMITED MOTION OF ARM - 20% Service Connected

DEGENERATIVE ARTHRITIS OF THE SPINE - 20% Service Connected

Referred by:

☒ X PCMHI Staff

☐ In person request

☐ Telephone/Secure messaging

☐ Unknown

URGENCY OF NEED FOR CARE:

☐ Urgent (time sensitive/emergent)

☒ X Non urgent

Date of service: Jul 26,2018

SERVICE CONNECTION: SERVICE CONNECTED % - 80

Rated Disabilities:

TINNITUS - 10% Service Connected

POST-TRAUMATIC STRESS DISORDER - 70% Service Connected

LIMITED MOTION OF ARM - 20% Service Connected

DEGENERATIVE ARTHRITIS OF THE SPINE - 20% Service Connected

Chief complaint/Presenting issue: I had to come in early because everything is worse.

History of Present Illness: This was my third psychiatric assessment of this 34 y.o. veteran whom I have treated for OCD/PTSD/MDD. About 1 month ago I added Abilify to help with sleep/depression and about a week after starting it "I

though I saw someone walking in my back yard and there wasn't anybody there."

About the same time his wife came back to live with him "and we got back to

arguing about the same stuff and she didn't understand and she's just made me

worse". He "couldn't be around other people", stopped going to work "2 weeks

ago because I'm afraid, I'm agitated, I don't want to take orders". His sleep

started get
ting worse after starting Abilify and now he's waking up every few
nights, he's now feeling shakey, can't sit still, his hands are shakey,
he's
picking at his skin now.

Ha only been taking Trazodone for sleep; afraid to take the Restoril because
"I
didn't want to take too many medications".

Patient has been experiencing 1 or 2 more visual hallucinations of seeing a
person in his house then vanishing.

Substance use:

Alcohol: none

Tobacco: none

Drugs: none

Medication side effects: shakey, restless

Medication compliance: good

OBJECTIVE:

MENTAL STATUS EXAM

Appearance: poor eye contact, no signs of acathisia, excellent hygiene, some
rubbing of hands noted (very mild agitation), no smiling

Gait/Station: WNL

Strength/Tone: Not tested

Attention/Concentration: fair

Orientation: X 4

Language: above average IQ as estimated by vocabulary and sentence structure

Level of Consciousness: constant

Fund of Knowledge: WNL

Recent/Remote Memory: grossly intact as estimated by routine parameters

Speech: spontaneous, not slurred

Thought Process: goal-directed thinking

Associations: WNL

Affect: constricted/blunted range/appropriate to content

Mood: agitated

Thought Content: denies thoughts of hurting them self, not helpless/hopeless,
future oriented, "I'm afraid I'm losing my mind".

Perceptions: clear

Insight: good

Judgement: good

Vitals:

Height: 71 in [180.3 cm] (03/03/2018 08:53)

Weight: 241.8 lb [109.9 kg] (03/03/2018 08:53)
BODY MASS INDEX - MAR 03, 2018@08:53:14 33.8
Temp: 98 F [36.7 C] (03/03/2018 08:53)
BP: 140/84 (03/03/2018 08:53)
Pulse: 84 (03/03/2018 08:53)
Respirations: 18 (03/03/2018 08:53)
3/3/18 @ 0853 PULSE OXIMETRY: 97
Pain: 0 (03/03/2018 08:53)

Allergies: Patient has answered NKA

Medications:

Active Outpatient Medications (including Supplies):

Active Outpatient Medications	Status
1) ARIPIPRAZOLE 10MG TAB TAKE ONE-HALF TABLET BY MOUTH DAILY FOR MENTAL HEALTH MAY TAKE ANY TIME OF DAY OR NIGHT DEPENDING ON WHETHER OR NOT IT MAKES THE PATIENT SLEEPY/TIRED	ACTIVE
2) FLUOXETINE HCL 20MG CAP TAKE ONE CAPSULE BY MOUTH DAILY FOR MENTAL HEALTH	ACTIVE
3) TEMAZEPAM 30MG CAP TAKE ONE CAPSULE BY MOUTH AT BEDTIME	ACTIVE
Active Non-VA Medications	Status

1) Non-VA METOPROLOL TAB MOUTH	ACTIVE
--------------------------------	--------

4 Total Medications

ASSESSMENT:

Case Formulation: Patient seems to have become psychotic on the Abilify which is now causing hallucinations, disturbing his sleep, making him irritable, etc. He has successfully been treated with Prozac in the past for depression/PTSD.

I believe that his wife's return has aggravated him and I believe that they have unresolved marital problems.

His mother whom he sees as "very loving and supportive" is arriving tomorrow and he's looking forward to her support.

Although its unlikely, the Abilify may also be causing acathisia- no cogwheeling noted.

We discussed need to present to the ED if any symptoms worsen with the current treatment plan.

DIAGNOSTIC IMPRESSION (The following diagnoses are based on DSM 5 criteria and may be initial impressions only)

Mental Health Diagnoses and Relevant Medical Conditions:

1. Adverse affects of Medication- Medication Induced Psychosis
2. Obsessive Compulsive Disorder with good insight
3. PTSD
4. MDD

Medication Changes this visit:

1. D/C Abilify/Restoril/trazodone
2. Seroquel for sleep/hallucinations
3. Continue Prozac

Treatment:

1. Medications changes as noted above.
2. Discussed risks, benefits, side effects and alternatives to treatment (including no treatment) and Veteran is agreeable to the plan.
3. Labs and or imaging studies ordered:
4. Consultations ordered: August 10th BHIP intake
5. FOLLOW UP:
 - a. LOCATION: Marshall Park MHPC
 - b. CLINICALLY INDICATED DATE: In a few days
6. Medication reconciliation performed and copy given to the vet if s/he asked for it. Some patients prefer to use online access to paper records.
7. VETERANS CURRENT QUESTIONS AND NEEDS REGARDING MENTAL HEALTH SERVICES addressed
8. Daily exercise as tolerated
9. No alcohol or illicit drugs
10. Limited/no caffeine
11. An information sheet including emergency contact information, secure messaging information, medication refill procedures, etc. was handed to the patient if they needed an additional sheet for future reference

/es/ Edward S. Benfield, II MD

Staff Psychiatrist

Signed: 07/26/2018 15:03

Receipt Acknowledged By:

07/26/2018 20:58 /es/ LAURA M. ABOOD, PH.D.
Psychologist

Date/Time: 19 Jul 2018 @ 1055

Note Title: LETTER - MSA CLINICAL COMMUNICATION

Location: Salisbury NC VAMC

Signed By:	GALLAGHER,KRISTEN L
Co-signed By:	GALLAGHER,KRISTEN L
Date/Time Signed:	19 Jul 2018 @ 1056

Note

LOCAL TITLE: LETTER - MSA CLINICAL COMMUNICATION
STANDARD TITLE: LETTERS
DATE OF NOTE: JUL 19, 2018@10:55 ENTRY DATE: JUL 19, 2018@10:55:52
AUTHOR: GALLAGHER,KRISTEN L EXP COSIGNER:
URGENCY: STATUS: COMPLETED

JUL 19, 2018

CARLOS ANDRES VELEZ
2087 BROOKCHASE BLVD
INDIAN LAND, SOUTH CAROLINA 29707

Dear Veteran:

Thank you for participating in our initiative to get all veterans tested for hepatitis c.

Congratulations! Your screening test for Hepatitis C was negative, which means you do not have hepatitis c. If you have any further questions, you may contact your primary care provider.

Thank you for your service.

Kristen Gallagher, RN, BSN
HCV Coordinator

Sincerely,

KG

Date/Time:	29 Jun 2018 @ 1031
Note Title:	SUICIDE RISK ASSESSMENT (T)
Location:	Salisbury NC VAMC
Signed By:	BENFIELD,EDWARD S II
Co-signed By:	BENFIELD,EDWARD S II
Date/Time Signed:	29 Jun 2018 @ 1033

Note

LOCAL TITLE: SUICIDE RISK ASSESSMENT (T)
STANDARD TITLE: SUICIDE PREVENTION RISK ASSESSMENT SCREENING NOT
DATE OF NOTE: JUN 29, 2018@10:31 ENTRY DATE: JUN 29, 2018@10:31:18
AUTHOR: BENFIELD,EDWARD S I EXP COSIGNER:
URGENCY: STATUS: COMPLETED

CURRENT RISK FACTORS:

1. Feelings of hopelessness or helplessness?

No

2. History of suicide attempt?

No

3. Have you had thoughts about taking your life?

No

4. Intent to harm self?

No

5. Current and specific plan to harm self?

No.

Did the patient answer YES to any of the risk factors?

No, veteran does not demonstrate signs or symptoms of suicidal ideations/behaviors that would suggest the need for intervention and/or further evaluation.

/es/ Edward S. Benfield, II MD

Staff Psychiatrist
Signed: 06/29/2018 10:33

Date/Time:	29 Jun 2018 @ 1031
Note Title:	MEDICATION RECONCILIATION NOTE (T)
Location:	Salisbury NC VAMC
Signed By:	BENFIELD,EDWARD S II
Co-signed By:	BENFIELD,EDWARD S II
Date/Time Signed:	29 Jun 2018 @ 1033

Note

LOCAL TITLE: MEDICATION RECONCILIATION NOTE (T)
STANDARD TITLE: MEDICATION MGT NOTE
DATE OF NOTE: JUN 29, 2018@10:31 ENTRY DATE: JUN 29, 2018@10:31:47
AUTHOR: BENFIELD,EDWARD S I EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Medication Reconciliation Information

Medication review completed with updates to the medication list.

IMPORTANT: PLEASE READ CAREFULLY!
Patient Information: Medication Updates

NEW medications: See medication list below.

Abilify for mood Restoril for sleep

DISCONTINUED medications: Trazodone

Active Inpatient and Outpatient Medications (including Supplies):

Active Outpatient Medications	Status
-------------------------------	--------

-
- =
- 1) ARIPIPRAZOLE 10MG TAB TAKE ONE-HALF TABLET BY MOUTH ACTIVE
DAILY FOR MENTAL HEALTH MAY TAKE ANY TIME OF DAY
OR NIGHT DEPENDING ON WHETHER OR NOT IT MAKES THE
PATIENT SLEEPY/TIRED
 - 2) FLUOXETINE HCL 20MG CAP TAKE ONE CAPSULE BY MOUTH ACTIVE
DAILY FOR MENTAL HEALTH
 - 3) TEMAZEPAM 30MG CAP TAKE ONE CAPSULE BY MOUTH AT ACTIVE
BEDTIME

Documented Allergies: Patient has answered NKA
No Remote Allergy/ADR Data available for this patient

Patient Medication Self-Care Instructions
Please Read Carefully!

- The computer lists new prescription status as "pending"
- If you have already been taking a medication, and it has been renewed at this visit, it will be on this list a SECOND time as "active"
Please DO NOT take it twice!
- Take medications only according to the NEWEST instructions you have been given
- Follow the instructions on the prescription bottle unless told otherwise
- Discard containers that DO NOT have CURRENT instructions
- Always discard OUT OF DATE medications and medications that you no longer take
- Always bring ALL of your medications, in their containers, with you to your appointments for all of your records to be updated
- Update old medication lists when any new medications are added, doses are changed, and/or when medications are discontinued (including any over-the-counter products)
- Update medication lists with any retail pharmacies you may use
- Carry medication information at all times in the event of emergency situations

If you have any questions about how to take your medications, or if you think you may have received the wrong medication, call 1-800-469-8262, and choose the PHARMACY option to speak to a pharmacy representative.
--For after-hours, please dial "0" for the operator, or call 1-877-902-5142, option "5" to reach the VA Regional Health Line.

Medication reconciliation completed with Name, dosage, frequency, and drug interactions verified.

-Source for Medication Review:
List

- Non-VA Medications reviewed with patient's chart updated as needed.
- Provided and explained current list of reconciled medications to the patient/caregiver to include education/counseling for why the medication/s is prescribed, how each should be taken and for how long, what to expect, and what happens if the medication is not take as prescribed.
- Provided education and counseling to the patient/caregiver for any new medications added today based upon individual needs. This includes why the medication was prescribed, how it should be taken and for how long, what to expect from it, and what happens if the medication is not taken as prescribed. By signing this note, I certify that Veteran, caregiver or family member voiced understanding of my instructions. A copy of the updated medication list was provided that included any medications added, changed, and/or discontinued today.

-Reminded patient/caregiver to discard old medication lists and to update all records with medication providers and with all retail pharmacies. Explained the importance of managing medication information to the patient/caregiver at the end of this care delivery encounter. This explanation included, but was not limited to: instructing the patient to give a list to his or her primary care physician; to update the information when medications are discontinued, doses are changed, or new medications (including over-the-counter products) are added; and to carry medication information at all times in the event of emergency situations.

/es/ Edward S. Benfield, II MD
 Staff Psychiatrist
 Signed: 06/29/2018 10:33

Date/Time:	29 Jun 2018 @ 0914
Note Title:	PCMHI CLINIC NOTE
Location:	Salisbury NC VAMC
Signed By:	BENFIELD,EDWARD S II
Co-signed By:	BENFIELD,EDWARD S II
Date/Time Signed:	29 Jun 2018 @ 1031

Note

LOCAL TITLE: PCMHI CLINIC NOTE
 STANDARD TITLE: MENTAL HEALTH NOTE
 DATE OF NOTE: JUN 29, 2018@09:14 ENTRY DATE: JUN 29, 2018@09:14:04
 AUTHOR: BENFIELD,EDWARD S I EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

PCMHI Note

Date of service: Jun 29,2018

SERVICE CONNECTION: SERVICE CONNECTED % - 80

Rated Disabilities:

TINNITUS - 10% Service Connected
 POST-TRAUMATIC STRESS DISORDER - 70% Service Connected
 LIMITED MOTION OF ARM - 20% Service Connected
 DEGENERATIVE ARTHRITIS OF THE SPINE - 20% Service Connected

Referred by:

☒ PCMHI Staff
☐ In person request
☐ Telephone/Secure messaging
☐ Unknown

URGENCY OF NEED FOR CARE:

☐ Urgent (time sensitive/emergent)

☒ Non urgent

Date of service: Jun 29,2018

SERVICE CONNECTION: SERVICE CONNECTED % - 80

Rated Disabilities:

TINNITUS - 10% Service Connected

POST-TRAUMATIC STRESS DISORDER - 70% Service Connected

LIMITED MOTION OF ARM - 20% Service Connected

DEGENERATIVE ARTHRITIS OF THE SPINE - 20% Service Connected

Chief complaint/Presenting issue: I think the medication is making me worse

History of Present Illness: This was my second psychiatric assessment of this 34

y.o. veteran whom I diagnosed with OCD in addition to PTSD. I read him my note and he agreed with its contents.

Unfortunately the patient is no better than when I first saw him. He took the Prozac for 1 month and then didn't get it refilled- "it didn't help like it did the first time". Probably caused ED "like it did the first time".

Continues to ritualistically blink his eyes, remains anxious most of the time, is becoming discouraged that "things are getting worse" which in reality "nothing has changed".

Today admits that he has compulsively been rubbing his ear and itching his crotch- "it was embarrassing so I didn't tell you before".

Patient said he started to have vivid dreams when he took the Prozac.

Says his wife doesn't like how irritable he's been in the last few weeks- "she's going to go to NY to be with family for a while and I'm afraid she won't be coming back". Says he's been reading about "psycho surgery" and how some people with OCD benefitted from a surgical approach.

Substance use:

Alcohol: unclear intake

Tobacco: none

Drugs: none

Medication side effects: ED/nightmares

Medication compliance: fair-poor

OBJECTIVE:

MENTAL STATUS EXAM

Appearance: looks worried, no agitation, excellent eye contact/hygiene
Gait/Station: WNL
Strength/Tone: Not tested
Attention/Concentration: WNL
Orientation: X 4
Language: above average IQ as estimated by vocabulary and sentence structure
Level of Consciousness: constant
Fund of Knowledge: WNL
Recent/Remote Memory: grossly intact as estimated by routine parameters
Speech: spontaneous, not slurred
Thought Process: goal-directed thinking
Associations: WNL
Affect: full range/appropriate to content
Mood: anxious and depressed/discouraged
Thought Content: denies thoughts of hurting them self, not helpless/hopeless, future oriented
Perceptions: clear
Insight: good
Judgement: good

Vitals:

Height: 71 in [180.3 cm] (03/03/2018 08:53)
Weight: 241.8 lb [109.9 kg] (03/03/2018 08:53)
BODY MASS INDEX - MAR 03, 2018@08:53:14 33.8
Temp: 98 F [36.7 C] (03/03/2018 08:53)
BP: 140/84 (03/03/2018 08:53)
Pulse: 84 (03/03/2018 08:53)
Respirations: 18 (03/03/2018 08:53)
3/3/18 @ 0853 PULSE OXIMETRY: 97
Pain: 0 (03/03/2018 08:53)

Allergies: Patient has answered NKA

Medications:

Active Outpatient Medications (including Supplies):

Active Outpatient Medications	Status
1) FLUOXETINE HCL 20MG CAP TAKE ONE CAPSULE BY MOUTH DAILY FOR MENTAL HEALTH	ACTIVE
2) TRAZODONE HCL 50MG TAB TAKE ONE-HALF TABLET BY MOUTH AT BEDTIME THEN SLOWLY INCREASE UP TO 4 TABLETS AS NECESSARY/TOLERATED FOR SLEEP	ACTIVE

ASSESSMENT:

Case Formulation: Unfortunatley patient didn't call to inform me that the treatment wasn't helping so he stopped treatment. Now he's alarmed that "no matter what I do I might not get better". I clarified that he would improve with the correct treatment but that he clearly needs more help than medication.

I have suggested that we educate his wife and consider couples therapy. Since he says he had a clear response to Prozac we will re-try it again but augement it with Abilify this time. Since trazodone (at a dose of 50mg wasn't helpful) hasn't helped with sleep, we talked about increasing it "but the reason I haven't done that is I'm afraid more pills will kill me".

The degree of his suffering clearly indicates that he needs referral to the mental health clinic.

Once again told him to sign up for HealtheVet secure messaging.

DIAGNOSTIC IMPRESSION (The following diagnoses are based on DSM 5 criteria and may be initial impressions only)

Mental Health Diagnoses and Relevant Medical Conditions:

1. Obsessive Compulsive Disorder with good insight
2. PTSD
3. MDD

Medication Changes this visit:

1. Prozac 20mg daily
2. Abilify 5mg daily
3. D/S trazodone
4. Restoril for sleep

Treatment:

1. Medications changes as noted above.
2. Discussed risks, benefits, side effects and alternatives to treatment (including no treatment) and Veteran is agreeable to the plan.
3. Labs and or imaging studies ordered:
4. Consultations ordered: BHIP
5. FOLLOW UP:
 - a. LOCATION: Marshall Park MHPC
 - b. CLINICALLY INDICATED DATE: 1 month
6. Medication reconciliation performed and copy given to the vet if s/he asked for it. Some patients prefer to use online access to paper records.
7. VETERANS CURRENT QUESTIONS AND NEEDS REGARDING MENTAL HEALTH SERVICES addressed

8. Daily exercise as tolerated
9. No alcohol or illicit drugs
10. Limited/no caffeine
11. An information sheet including emergency contact information, secure messaging information, medication refill procedures, etc. was handed to the patient if they needed an additional sheet for future reference

FUTURE APPOINTMENTS:

No data available

**Veteran provided local contact information for mental health services.

**Veteran made aware of Emergency services if needed at local emergency room or VA Emergency Department.

**Veteran provided with Veterans Choice Line contact number: 1-866-606-8198

**Veteran provided with Veterans Crisis Line number at 1-800-273-8255 (TALK).

Press 1 to talk with someone right away.

/es/ Edward S. Benfield, II MD

Staff Psychiatrist

Signed: 06/29/2018 10:31

Date/Time:	22 Jun 2018 @ 1631
Note Title:	PCMHI TELEPHONE NOTE
Location:	Salisbury NC VAMC
Signed By:	BENFIELD,EDWARD S II
Co-signed By:	BENFIELD,EDWARD S II
Date/Time Signed:	22 Jun 2018 @ 1632

Note

LOCAL TITLE: PCMHI TELEPHONE NOTE

STANDARD TITLE: MENTAL HEALTH TELEPHONE ENCOUNTER NOTE

DATE OF NOTE: JUN 22, 2018@16:31 ENTRY DATE: JUN 22, 2018@16:31:56

AUTHOR: BENFIELD,EDWARD S I EXP COSIGNER:

URGENCY: STATUS: COMPLETED

PCMHI NO SHOW NOTE

___ Was not able to reach veteran by telephone. Voicemail box not set up. Attempted 3 X.

___ busy signal. Attempted 3 X.

___ Phone number was no longer in service

Discreet Message left for veteran to contact the clinic at 704-329-1300 x 32070 if they wish to reschedule appt.

phone continued to ring with no response. Attempted 3 X.

X Was able to reach veteran by telephone on this date.

Text order to be rescheduled.

X Call transferred to XTN 32070 for pt to r/s.

Pt will call back to reschedule.

Pt said he called the automated number and cancelled, however this is not reflected in CPRS.

Call transferred to X 32070 for pt to r/s.

Pt will call back to reschedule.

/es/ Edward S. Benfield, II MD

Staff Psychiatrist

Signed: 06/22/2018 16:32

Date/Time: 08 Jun 2018 @ 1536

Note Title: LETTER - MSA CLINICAL COMMUNICATION

Location: Salisbury NC VAMC

Signed By: GRUBBS,JENNIFER G

Co-signed By: GRUBBS,JENNIFER G

Date/Time Signed: 08 Jun 2018 @ 1537

Note

LOCAL TITLE: LETTER - MSA CLINICAL COMMUNICATION

STANDARD TITLE: LETTERS

DATE OF NOTE: JUN 08, 2018@15:36 ENTRY DATE: JUN 08, 2018@15:36:17

AUTHOR: GRUBBS,JENNIFER G EXP COSIGNER:

URGENCY: STATUS: COMPLETED

JUN 08, 2018

CARLOS ANDRES VELEZ
2087 BROOKCHASE BLVD
INDIAN LAND, SOUTH CAROLINA 29707

Dear Veteran:

Dear Veteran:

Thank you for choosing Salisbury VA Medical Center. Your good health is important to us.

We are sending you a reminder, as we reached you by phone today. Please call Kristen Gallagher, RN at 704-638-9000 ext 15272 at the Salisbury VA at your earliest convenience regarding some very important lab work that needs to be discussed. Lab is one tube of blood, not fasting, and no special preparations needed. ***Please stop by Lab*** Thank you.

Thank you for your service!

Sincerely,

JGG

Date/Time: 08 Jun 2018 @ 1535

Note Title: INFECTIOUS DISEASE NURSING NOTE

Location: Salisbury NC VAMC

Signed By: GRUBBS,JENNIFER G

Co-signed By: GRUBBS,JENNIFER G

Date/Time Signed: 08 Jun 2018 @ 1536

Note

LOCAL TITLE: INFECTIOUS DISEASE NURSING NOTE

STANDARD TITLE: INFECTIOUS DISEASE NURSING NOTE

DATE OF NOTE: JUN 08, 2018@15:35 ENTRY DATE: JUN 08, 2018@15:35:27

AUTHOR: GRUBBS,JENNIFER G EXP COSIGNER:

URGENCY: STATUS: COMPLETED

Call made to veteran after automated review identified veteran in high-risk group

who has never been tested for Hepatitis C AB.
 Veteran agrees to come in, within the next 30 days. Hep C outreach/reminder letter sent. Hep C AB order placed per protocol. HCV AB test is one tube of blood, not fasting, and no special preparations needed. HCV Coordinator Kristen Gallagher, RN/BSN will follow results and alert veteran, and may be reached at (704) 638-9000 ext 15272

for any questions.

Request assistance of any provider in sending veteran to the lab when they are next in Thank you.

Veteran's next scheduled appointment is:
 06/22/2018 15:00 CVC/MHPC/PSY/MARSHALL.

/es/ Jennifer Grubbs BA, RN-BC
 STAFF NURSE
 Signed: 06/08/2018 15:36

Date/Time:	29 May 2018 @ 1233
Note Title:	MSA CONTACT NOTE
Location:	Salisbury NC VAMC
Signed By:	WILLIAMS-DEARTH,TONJA M
Co-signed By:	WILLIAMS-DEARTH,TONJA M
Date/Time Signed:	29 May 2018 @ 1242

Note

LOCAL TITLE: MSA CONTACT NOTE
 STANDARD TITLE: TELEPHONE ENCOUNTER NOTE
 DATE OF NOTE: MAY 29, 2018@12:33 ENTRY DATE: MAY 29, 2018@12:35:49
 AUTHOR: WILLIAMS-DEARTH,TON EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

Telephone Contact
 MSA TELEPHONE CONTACT NOTE

CARLOS ANDRES VELEZ
 2087 BROOKCHASE BLVD
 INDIAN LAND, SOUTH CAROLINA 29707
 Date of Birth: MAR 22,1984

PATIENT PHONE - (917)783-6380
 The above information verified as correct: Yes
 Note: If the above information is not correct, update Patient information in VISTA:

Rated Disabilities:

TINNITUS - 10% Service Connected
POST-TRAUMATIC STRESS DISORDER - 70% Service Connected
LIMITED MOTION OF ARM - 20% Service Connected
DEGENERATIVE ARTHRITIS OF THE SPINE - 20% Service Connected
Patient contacted by phone on May 29,2018@12:35 regarding the following:

VETERAN PRESENTS TO RECEPTION DESK WITH DOCUMENT NEEDED FOR CUSTOMER & BORDER

PROTECTION(CBP)POSITION. PT STATES FORM MUST BE COMPLETED NLT 060918. IF POSSIBLE PT WOULD LIKE TO P/U FORM ON FRIDAY 090118. PT CAN BE REACHED AT 917-783-6380. PLACE IN DR BENFIELD'S BOX FOR FURTHER REVIEW.

/es/ TONJA M WILLIAMS-DEARTH

Signed: 05/29/2018 12:42

Receipt Acknowledged By:

05/30/2018 10:06 /es/ Edward S. Benfield, II MD
Staff Psychiatrist

Date/Time:	23 Apr 2018 @ 0942
Note Title:	SUICIDE RISK ASSESSMENT (T)
Location:	Salisbury NC VAMC
Signed By:	BENFIELD,EDWARD S II
Co-signed By:	BENFIELD,EDWARD S II
Date/Time Signed:	23 Apr 2018 @ 0942

Note

LOCAL TITLE: SUICIDE RISK ASSESSMENT (T)
STANDARD TITLE: SUICIDE PREVENTION RISK ASSESSMENT SCREENING NOT
DATE OF NOTE: APR 23, 2018@09:42 ENTRY DATE: APR 23, 2018@09:42:30
AUTHOR: BENFIELD,EDWARD S I EXP COSIGNER:
URGENCY: STATUS: COMPLETED

CURRENT RISK FACTORS:

1. Feelings of hopelessness or helplessness?

No

2. History of suicide attempt?

No

3. Have you had thoughts about taking your life?

No

4. Intent to harm self?

No

5. Current and specific plan to harm self?

No.

Did the patient answer YES to any of the risk factors?
 No, veteran does not demonstrate signs or symptoms of suicidal ideations/behaviors that would suggest the need for intervention and/or further evaluation.

/es/ Edward S. Benfield, II MD
 Staff Psychiatrist
 Signed: 04/23/2018 09:42

Date/Time:	23 Apr 2018 @ 0940
Note Title:	MEDICATION RECONCILIATION NOTE (T)
Location:	Salisbury NC VAMC
Signed By:	BENFIELD,EDWARD S II
Co-signed By:	BENFIELD,EDWARD S II
Date/Time Signed:	23 Apr 2018 @ 0942

Note

LOCAL TITLE: MEDICATION RECONCILIATION NOTE (T)
 STANDARD TITLE: MEDICATION MGT NOTE
 DATE OF NOTE: APR 23, 2018@09:40 ENTRY DATE: APR 23, 2018@09:40:23
 AUTHOR: BENFIELD,EDWARD S I EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

Medication Reconciliation Information

Medication review completed with updates to the medication list.

IMPORTANT: PLEASE READ CAREFULLY!
 Patient Information: Medication Updates

NEW medications: See medication list below.
 Prozac for anxiety and trazodone for sleep

Active Inpatient and Outpatient Medications (including Supplies):

Pending Outpatient Medications	Status
--------------------------------	--------

-
- =
- 1) FLUOXETINE HCL 20MG CAP TAKE ONE CAPSULE BY MOUTH DAILY FOR MENTAL HEALTH PENDING
 - 2) traZODONE TAB TAKE WORK UP TO 4 PILLS AS NECESSARY/TOLERATED FOR SLEEP BY MOUTH AT BEDTIME PENDING

Documented Allergies: No Allergy Assessment
 No Remote Allergy/ADR Data available for this patient

Patient Medication Self-Care Instructions
Please Read Carefully!

- The computer lists new prescription status as "pending"
- If you have already been taking a medication, and it has been renewed at this visit, it will be on this list a SECOND time as "active"
Please DO NOT take it twice!
- Take medications only according to the NEWEST instructions you have been given
- Follow the instructions on the prescription bottle unless told otherwise
- Discard containers that DO NOT have CURRENT instructions
- Always discard OUT OF DATE medications and medications that you no longer take
- Always bring ALL of your medications, in their containers, with you to your appointments for all of your records to be updated
- Update old medication lists when any new medications are added, doses are changed, and/or when medications are discontinued (including any over-the-counter products)
- Update medication lists with any retail pharmacies you may use
- Carry medication information at all times in the event of emergency situations

If you have any questions about how to take your medications, or if you think you may have received the wrong medication, call 1-800-469-8262, and choose the PHARMACY option to speak to a pharmacy representative.

--For after-hours, please dial "0" for the operator, or call 1-877-902-5142, option "5" to reach the VA Regional Health Line.

Medication reconciliation completed with Name, dosage, frequency, and drug interactions verified.

-Source for Medication Review:
List

- Patient reports NO use of Non-VA Medications at this time.
- Provided and explained current list of reconciled medications to the patient/caregiver to include education/counseling for why the medication/s is prescribed, how each should be taken and for how long, what to expect, and what happens if the medication is not take as prescribed.
- Provided education and counseling to the patient/caregiver for any new medications added today based upon individual needs. This includes why the medication was prescribed, how it should be taken and for how long, what to expect from it, and what happens if the medication is not taken as prescribed. By signing this note, I certify that Veteran, caregiver or family member voiced understanding of my instructions. A copy of the updated medication list was provided that included any medications added, changed,

and/or discontinued today.

-Reminded patient/caregiver to discard old medication lists and to update all records with medication providers and with all retail pharmacies. Explained the importance of managing medication information to the patient/caregiver at the end of this care delivery encounter. This explanation included, but was not limited to: instructing the patient to give a list to his or her primary care physician; to update the information when medications are discontinued, doses are changed, or new medications (including over-the-counter products) are added; and to carry medication information at all times in the event of emergency situations.

/es/ Edward S. Benfield, II MD

Staff Psychiatrist

Signed: 04/23/2018 09:42

Date/Time:	23 Apr 2018 @ 0845
Note Title:	PCMHI CLINIC NOTE
Location:	Salisbury NC VAMC
Signed By:	BENFIELD,EDWARD S II
Co-signed By:	BENFIELD,EDWARD S II
Date/Time Signed:	23 Apr 2018 @ 0940

Note

LOCAL TITLE: PCMHI CLINIC NOTE
 STANDARD TITLE: MENTAL HEALTH NOTE
 DATE OF NOTE: APR 23, 2018@08:45 ENTRY DATE: APR 23, 2018@08:45:04
 AUTHOR: BENFIELD,EDWARD S I EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

PCMHI Note

Date of service: Apr 23,2018

SERVICE CONNECTION: SERVICE CONNECTED % - 80

Rated Disabilities:

TINNITUS - 10% Service Connected
 POST-TRAUMATIC STRESS DISORDER - 70% Service Connected
 LIMITED MOTION OF ARM - 20% Service Connected
 DEGENERATIVE ARTHRITIS OF THE SPINE - 20% Service Connected

Referred by:

☒ PCMHI Staff
☐ In person request
☐ Telephone/Secure messaging
☐ Unknown

URGENCY OF NEED FOR CARE:

☐ Urgent (time sensitive/emergent)

☒ Non urgent

Date of service: Apr 23,2018

SERVICE CONNECTION: SERVICE CONNECTED % - 80

Rated Disabilities:

TINNITUS - 10% Service Connected

POST-TRAUMATIC STRESS DISORDER - 70% Service Connected

LIMITED MOTION OF ARM - 20% Service Connected

DEGENERATIVE ARTHRITIS OF THE SPINE - 20% Service Connected

Chief complaint/Presenting issue: These last few months have been bad

History of Present Illness: This was my first psychiatric assessment of this 34 y.o. veteran who carries a previous psychiatric diagnosis of anxiety per A.Anderson's note written 4/21/18. I read him that note and he agreed with its contents.

The patient says that the last time he felt well was 2010. While in the service

he reports that he witnessed a man getting shot in the head "and half his brains were hanging out but he was still alive". He started to develop severe anxiety and is now service connected for PTSD.

Eventually the patient started to develop obsessions ("Why am I blinking so

much") and then eventually compulsions ("I have to blink by eyes so many times

and I can't stop it"). He'll become obsessed with the fact that he has

allergies and "even though my nose is fine I'll be constantly wiping my nose

even though there's nothing there". He decided to get help "because other

people have been asking me what's wrong and now I'm afraid I can't hide it".

He's now obsessed he may become demented and die "like under a bridge or

something". He recently realized that he's turned to alcohol to deal with his anxiety and "it doesn't help".

He's received treatment from the VA and had trials of Prozac/Paxil/Klonopin.

Patient starts to get depressed "when I feel like I have no choice, I have

to do
somethings.

Has been diagnosed with benign muscle fasciculatdions "due to stress".

Screens from that assessment revealed:

PHQ-9 Depression Scale Score: 17
GAD-7 score: 21

Substance use:

Alcohol: almost 24 oz liquor 3 - 4 times per week- last drink was aobut 1 week ago.

Tobacco: none

Drugs: none

Family History: denies psychiatric problems in family; he may have some cousins who have SA issues.

Medication side effects: N/A

Medication compliance: N/A

OBJECTIVE:

MENTAL STATUS EXAM

Appearance: neatly dressed, overweight, able to smile, excellent eye contact/hygiene

Gait/Station: WNL

Strength/Tone: Not tested

Attention/Concentration: WNL

Orientation: X 4

Language: above average IQ as estimated by vocabulary and sentence structure

Level of Consciousness: constant

Fund of Knowledge: WNL

Recent/Remote Memory: grossly intact as estimated by routine parameters

Speech: spontaneous, not slurred

Thought Process: goal-directed thinking

Associations: WNL

Affect: full range/appropriate to content

Mood: anxious and depressed

Thought Content: denies thoughts of hurting them self, not helpless/hopeless, future oriented

Perceptions: clear

Insight: good

Judgement: good

Vitals:

Height: 71 in [180.3 cm] (03/03/2018 08:53)
Weight: 241.8 lb [109.9 kg] (03/03/2018 08:53)
BODY MASS INDEX - MAR 03, 2018@08:53:14 33.8
Temp: 98 F [36.7 C] (03/03/2018 08:53)
BP: 140/84 (03/03/2018 08:53)
Pulse: 84 (03/03/2018 08:53)
Respirations: 18 (03/03/2018 08:53)
3/3/18 @ 0853 PULSE OXIMETRY: 97
Pain: 0 (03/03/2018 08:53)

Allergies: No Allergy Assessment

Medications:

Active Outpatient Medications (including Supplies):

No Medications Found

ASSESSMENT:

Case Formulation: Patient is now suffering from Obsessive Compulsive Symptoms added on top of PTSD symptoms. Prozac helped in the past and patient would like to try it again. His poor sleep can be helped with Trazodone to begin with.

DIAGNOSTIC IMPRESSION (The following diagnoses are based on DSM 5 criteria and may be initial impressions only)

Mental Health Diagnoses and Relevant Medical Conditions:

1. Obsessive Compulsive Disorder with good insight
2. PTSD

Medication Changes this visit:

1. Prozac titration
2. Trazodon titration

Treatment:

1. Medications changes as noted above.
2. Discussed risks, benefits, side effects and alternatives to treatment (including no treatment) and Veteran is agreeable to the plan.
3. Labs and or imaging studies ordered:
4. Consultations ordered:
5. FOLLOW UP:
 - a. LOCATION: Marshall Park MHPC
 - b. CLINICALLY INDICATED DATE: 2 months
6. Medication reconciliation performed and copy given to the vet if s/he asked for it. Some patients prefer to use online access to paper records.

7. VETERANS CURRENT QUESTIONS AND NEEDS REGARDING MENTAL HEALTH SERVICES

addressed

8. Daily exercise as tolerated

9. No alcohol or illicit drugs

10. Limited/no caffeine

11. An information sheet including emergency contact information, secure messaging information, medication refill procedures, etc. was handed to the patient if they needed an additional sheet for future reference

FUTURE APPOINTMENTS:

04/28/2018 08:00 CVC/MHPC/SW

05/15/2018 11:30 CVC/SURG/UROL/MD/06

**Veteran provided local contact information for mental health services.

**Veteran made aware of Emergency services if needed at local emergency room or VA Emergency Department.

**Veteran provided with Veterans Choice Line contact number: 1-866-606-8198

**Veteran provided with Veterans Crisis Line number at 1-800-273-8255 (TALK). Press 1 to talk with someone right away.

/es/ Edward S. Benfield, II MD

Staff Psychiatrist

Signed: 04/23/2018 09:40

Date/Time:	21 Apr 2018 @ 0938
Note Title:	PCMHI CLINIC NOTE
Location:	Salisbury NC VAMC
Signed By:	ANDERSON,AMY R
Co-signed By:	ANDERSON,AMY R
Date/Time Signed:	21 Apr 2018 @ 0953

Note

LOCAL TITLE: PCMHI CLINIC NOTE

STANDARD TITLE: MENTAL HEALTH NOTE

DATE OF NOTE: APR 21, 2018@09:38 ENTRY DATE: APR 21, 2018@09:38:41

AUTHOR: ANDERSON,AMY R EXP COSIGNER:

URGENCY: STATUS: COMPLETED

PRIMARY CARE-MENTAL HEALTH INTEGRATION (PCMHI)

INITIAL INTAKE APPOINTMENT NOTE:

PROCEDURE: PCMHI Initial Evaluation

TYPE OF SESSION

[x]Individual

[]Family

☐ Conjoint (e.g. with PCP)

☐ Scheduled

☒ Warm Hand-Off

REFERRED BY: self-referred

DATE OF REFERRAL: 4/21/18

DATE SEEN: 4/21/18

SESSION DURATION: 20 minutes

☐ Urgent (or time sensitive)

☒ Non-urgent

PCMHI provider's role was explained to Veteran. Limits of confidentiality explained to veteran and verbal informed consent for psychological services obtained from Veteran prior to initial PCMHI intake interview. Veteran informed that information about PCMHI appointments will be entered in Veteran's VA medical record. Veteran agreed information may be shared with other VA providers as needed for care.

Initial PCMHI Initial Intake completed today included:

Assessments:

☐ PCMHI Clinical Intake Interview

☒ PCMHI Brief Crisis Assessment and/or Brief Intervention

☐ BHL Assessment

☒ Other Structured Individual Assessments:

☒ PHQ-9 ☒ Suicide Risk Assessment

☐ PCL ☐ Brief Cognitive Assessment: Specify

☐ Audit-C ☐ Other: Specify:

☒ GAD-7

Intervention: clinical interview and assessment of risk factors

Patient Education:

☒ Verbal/specify regarding: emergency resources

☒ Written/specify regarding and/or title: emergency resources

☐ Other education provided:

PHQ-9 Depression Scale Score: 17

GAD-7 score: 21

ADDITIONAL PCMHI INITIAL ASSESSMENT INFORMATION:

Veteran is SC for PTSD and has had both medication and therapy in the past with other VAs. He reports he's been coping well for about the last year but in the last month or so his anxiety has gotten really worse. He states today "I feel

like it's almost obsessive, for example, I have allergies and I take Claritin which works fine. But then suddenly I'll get this feeling like I haven't been breathing and I have to remind myself to breathe and manually blink my eyes and I'll just keep wiping my nose even though there's no reason to".

He reports in the past he's taken "klonopin and Prozac" which were helpful.

Review of JLV

indicates prescriptions of paroxetine and hydroxyzine and a non-va script for clonazepam. JLV records also indicate past treatment in a PTSD study. PCL-5 on

3/3/18 was 16.

PCMHI SW discussed with Veteran treatment options for anxiety, depression, trauma symptoms in PCMHI and MHC. Veteran notes he'd like to go to the anxiety & stress class but can't due to work schedule. He will contact Vet Center to see about evening and weekend therapy there and will begin initial short term treatment with PCMHI SW on Saturdays. He also agrees to medication consultation with PCMHI psychiatry.

MENTAL STATUS EXAMINATION: Veteran seen as a walk-in, casually dressed, and neatly groomed. Affect full range. He was oriented to person, place, time, and situation. He spoke with normal rate, rhythm, and volume. Veteran ambulates without assistance. His thought process was logical and goal directed.

Veteran denied having any suicidal or homicidal ideation, intent, or plan and has agreed to present to the SBYVAMC Evaluation Center, local ER, or to call 911

or the Veteran's Crisis Hotline (800-273-TALK) if he comes to believe he is a danger to himself or others.

PROVISIONAL DSM-V DIAGNOSES: anxiety

Initial PCMHI Treatment Plan:

1. Veteran agrees to utilize emergency resources provided if experiencing a mental health crisis.
2. Veteran agrees to contact Vet Center to explore evening and weekend treatment options.
3. Veteran will start brief therapy with PCMHI SW on Saturdays for anxiety
4. Veteran will be scheduled with PCMHI psychiatrist for medication consultation

Next PCMHI appointment with this provider: 4/28/18

 X The Veteran appears to be stable, and appropriate for outpatient treatment.

☒ Treatment has been arranged, as outlined in treatment plan above.
☒ Veteran was asked if any further concerns or questions may be addressed today and Veteran indicated no needs at this time.

☒ Veteran has been provided with the name and contact information for a primary care mental health (MH) professional to contact, even before they begin treatment, if Veteran has questions or concerns, as well as instructions about accessing emergency services.

☒ The patient has been informed about the availability of 24 hour per day, 7 days a week psychiatric/medical coverage at the Salisbury VAMC emergency room, as well as other crisis management options including 911 and local ER; also reviewed with pt. the availability of 1-800-273-8255 (TALK) 24/7 crisis/suicide hot line number.

Appropriate setting for subsequent evaluations, and treatment:

☒ Primary Care
☐ Mental Health Clinic
☐ Inpatient Hospitalization

The veteran expressed understanding and agreement with the initial treatment plan of care:

(X) YES
() NO

Advance Care Directives/Mental Health Advance Directives:

[] discussion
[] Veteran has advance care directives
[] Veteran does not have advance care directives
[] written information provided
[] Veteran denied interest in having information on advance directives
[] requested Veteran to forward a copy of his/her Advance Directive to SW to scan into chart
[] due to other concerns, current visit was not an appropriate time to discuss advance directives

/es/ Amy Rose Anderson, MSW, LCSW
SOCIAL WORKER
Signed: 04/21/2018 09:53

Receipt Acknowledged By:
04/22/2018 19:34 /es/ Gowri Sathiraju, MD, FRACGP
Staff Physician

Date/Time:	21 Apr 2018 @ 0909
Note Title:	MENTAL HEALTH DIAGNOSTIC STUDY NOTE
Location:	Salisbury NC VAMC
Signed By:	ANDERSON,AMY R
Co-signed By:	ANDERSON,AMY R
Date/Time Signed:	21 Apr 2018 @ 0953

Note

LOCAL TITLE: MENTAL HEALTH DIAGNOSTIC STUDY NOTE
 STANDARD TITLE: MENTAL HEALTH DIAGNOSTIC STUDY NOTE
 DATE OF NOTE: APR 21, 2018@09:09:57 ENTRY DATE: APR 21, 2018@09:09:55
 AUTHOR: ANDERSON,AMY R EXP COSIGNER:
 URGENCY: STATUS: COMPLETED
 URGENCY: STATUS: UNSIGNED

Patient Health Questionnaire - 9 (PHQ-9)

Date Given: 04/21/2018
 Clinician: Anderson,Amy R
 Location: Cvc/Mhpc/Walkin

Veteran: Velez, Carlos Andres
 SSN: xxx-xx-1439
 DOB: Mar 22,1984 (34)
 Gender: Male

PHQ-9 Depression Scale Score: 17

Guide for Interpreting PHQ-9 scores:

- 0-4: The score suggests the patient may not need depression treatment.
- 5-14: Physician uses clinical judgment about treatment based on patient's duration of symptoms and functional impairment.
- 15 or more: Warrants treatment for depression, using antidepressant, psychotherapy and/or a combination of treatment.

Questions and Answers

Over the last 2 weeks, how often have you been bothered by any of the following problems?

1. Little interest or pleasure in doing things
 More than half the days
2. Feeling down, depressed, or hopeless
 More than half the days
3. Trouble falling or staying asleep, or sleeping too much
 More than half the days
4. Feeling tired or having little energy
 More than half the days

5. Poor appetite or overeating
More than half the days
6. Feeling bad about yourself or that you are a failure or have let yourself or your family down
More than half the days
7. Trouble concentrating on things, such as reading the newspaper or watching television
More than half the days
8. Moving or speaking so slowly that other people could have noticed. Or the opposite being so fidgety or restless that you have been moving around a lot more than usual
More than half the days
9. Thoughts that you would be better off dead or of hurting yourself in some way
Several days
10. If you checked off any problems, how DIFFICULT have these problems made it for you to do your work, take care of things at home or get along with other people?
Somewhat difficult

Information contained in this note is based on a self report assessment and is not sufficient to use alone for diagnostic purposes. Assessment results should be verified for accuracy and used in conjunction with other diagnostic activities.

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Generalized Anxiety Disorder, 7 items

Date Given: 04/21/2018
Clinician: Anderson, Amy R
Location: Cvc/Mhpc/Walkin

Veteran: Velez, Carlos Andres
SSN: xxx-xx-1439
DOB: Mar 22, 1984 (34)
Gender: Male

GAD-7 score: 21

A low score indicates the absence of anxiety, a high score indicates the presence of anxiety symptoms; the range is 0 to 21. A score of 15 or greater is considered clinically significant, meriting active treatment for anxiety. A score of 10 to 14 indicates a condition that should be carefully evaluated.

Questions and Answers

1. Feeling nervous, anxious or on edge
Nearly every day

2. Not being able to stop or control worrying
Nearly every day
3. Worrying too much about different things
Nearly every day
4. Trouble relaxing
Nearly every day
5. Being so restless that it is hard to sit still
Nearly every day
6. Becoming easily annoyed or irritable
Nearly every day
7. Feeling afraid as if something awful might happen
Nearly every day

Information contained in this note is based on a self-report assessment and is not sufficient to use alone for diagnostic purposes. Assessment results should be verified for accuracy and used in conjunction with other diagnostic activities and procedures.

/es/ Amy Rose Anderson, MSW, LCSW
SOCIAL WORKER
Signed: 04/21/2018 09:53

Date/Time:	07 Apr 2018 @ 1017
Note Title:	LETTER - MSA CLINICAL COMMUNICATION
Location:	Salisbury NC VAMC
Signed By:	GLANCE,MICHELLE D
Co-signed By:	GLANCE,MICHELLE D
Date/Time Signed:	07 Apr 2018 @ 1018

Note

LOCAL TITLE: LETTER - MSA CLINICAL COMMUNICATION
STANDARD TITLE: LETTERS
DATE OF NOTE: APR 07, 2018@10:17 ENTRY DATE: APR 07, 2018@10:17:29
AUTHOR: GLANCE,MICHELLE D EXP COSIGNER:
URGENCY: STATUS: COMPLETED

APR 07, 2018

CARLOS ANDRES VELEZ
2087 BROOKCHASE BLVD

INDIAN LAND, SOUTH CAROLINA 29707

Dear Veteran:

We have been trying to reach you to schedule an appointment in the below specialty.

Once you receive this letter, please call the Charlotte VA Health Care Center to schedule your appointment. If we have not heard from you within 14 days from the date this letter was mailed, your request will be discontinued. If this happens, you will need to contact your referring provider to submit a new appointment request.

Service/Specialty Clinic:CVC/PCC/HRL/17

Phone Number: 704-329-1300 (Charlotte VA Health Care Center)
Extension:32280

Thank you for allowing us to meet your medical needs. We look forward to hearing from you.

Sincerely,

MG

Date/Time:	07 Apr 2018 @ 1016
Note Title:	MSA CONTACT NOTE
Location:	Salisbury NC VAMC
Signed By:	GLANCE,MICHELLE D
Co-signed By:	GLANCE,MICHELLE D
Date/Time Signed:	07 Apr 2018 @ 1017
Note	

LOCAL TITLE: MSA CONTACT NOTE
STANDARD TITLE: TELEPHONE ENCOUNTER NOTE
DATE OF NOTE: APR 07, 2018@10:16 ENTRY DATE: APR 07, 2018@10:16:25
AUTHOR: GLANCE, MICHELLE D EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Telephone Contact
MSA TELEPHONE CONTACT NOTE

CARLOS ANDRES VELEZ
2087 BROOKCHASE BLVD
INDIAN LAND, SOUTH CAROLINA 29707
Date of Birth: MAR 22, 1984

PATIENT PHONE - (917)783-6380
The above information verified as correct: Yes
Note: If the above information is not correct, update Patient information in VISTA:

Rated Disabilities:
TINNITUS - 10% Service Connected
POST-TRAUMATIC STRESS DISORDER - 70% Service Connected
LIMITED MOTION OF ARM - 20% Service Connected
DEGENERATIVE ARTHRITIS OF THE SPINE - 20% Service Connected

Patient contacted by phone on Apr 7, 2018@10:16 regarding the following:
Called to scheduled an appt with CVC/PCC/HRL/17 per order. Left a VM
for pt to call back for scheduling. Left a call back number of 704-329-1300 Ext
32070.

/es/ MICHELLE D GLANCE
AMSA
Signed: 04/07/2018 10:17

Date/Time:	20 Mar 2018 @ 1433
Note Title:	SW TELEPHONE NOTE
Location:	Salisbury NC VAMC
Signed By:	ROBBINS, CHRISTY
Co-signed By:	ROBBINS, CHRISTY
Date/Time Signed:	20 Mar 2018 @ 1437

Note

LOCAL TITLE: SW TELEPHONE NOTE
STANDARD TITLE: SOCIAL WORK TELEPHONE ENCOUNTER NOTE
DATE OF NOTE: MAR 20, 2018@14:33 ENTRY DATE: MAR 20, 2018@14:33:33
AUTHOR: ROBBINS, CHRISTY EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Based on a review of the Veteran's Eligibility Assessment:

CSP Clinical team met on 3/19/18 and this Veteran's application was discussed. Determining initial eligibility includes a comprehensive review of the Veteran's medical record specific to the service connected injuries, current level of functioning, any identified care needs, and team review. Treating providers were notified of the application and have had the opportunity to provide input related to the determination of initial eligibility. Based on a review of the medical record, clinical assessment of the Veteran's care needs with the Veteran/CG, and discussion of the case at

the clinical team meeting at this time the Veteran does NOT meet the clinical eligibility requirements according to the guidelines from PL-111-163. CSC is completing documentation based on the team decision related to initial eligibility.

Contacted CG to informed of the Interdisciplinary Clinical Care Team's decision of ineligibility for the Program of Comprehensive Assistance for Family Caregivers. CG was informed that the Veteran does NOT meet the clinical eligibility requirements according to the guidelines from PL-111-163. Undersigned explained that the team's decision was based on a review of

the medical record, clinical assessment of the Veteran's care needs with the

Veteran/CG, and discussion of the case at the team meeting. Undersigned explained that the Family Caregiver Program is designed to assist caregivers of veterans based on medical evidence that the injury rises to the level of meeting all 7 of the required eligibility criteria for the program. Based on this review, the Veteran was determined to be ineligible for the Family Caregiver Program as there is sufficient medical evidence indicating that veteran does NOT meet all of the required criteria. Initial eligibility is NOT met; the eligibility criteria specifically states the injury must render the veteran in need of a caregiver to support health and well-being, perform personal functions required in everyday living, and ensure safety from hazards or dangers incident to the daily environment.

The clinical team had the following recommendation: Begin MH treatment and attend a Veteran Whole Health Retreat at the Salisbury VAMC which were shared with the CG.

Right to appeal was explained. CG voiced good understanding and had no questions or concerns OR questions/concerns were addressed. Discussed General Caregiver Program with in which the CG was enrolled.

CG denied any other needs at this time and was provided with direct contact information for this writer.

Plan: Clinical ineligibility status letter which includes the process to appeal, along with information about the General Caregiver Program mailed. Caregiver Support Program remains available. CAT updated.

/es/ CHRISTY ROBBINS, MSW, LCSW
LICENSED CLINICAL SOCIAL WORKER
Signed: 03/20/2018 14:37

Date/Time:	19 Mar 2018 @ 1024
Note Title:	CAREGIVER PROGRAM IDP CLINICAL ELIGIBILITY ASSESSMENT
Location:	Salisbury NC VAMC
Signed By:	MUFF,STEPHANIE
Co-signed By:	MUFF,STEPHANIE
Date/Time Signed:	19 Mar 2018 @ 1037

Note

<< Interdisciplinary Note >>
LOCATION: ZZSBY/MHC/CG/L VISIT DATE: MAR 19, 2018@10:24
LOCAL TITLE: CAREGIVER PROGRAM IDP CLINICAL ELIGIBILITY ASSESSMENT
STANDARD TITLE: CAREGIVER CERTIFICATE
DATE OF NOTE: MAR 19, 2018@10:24 ENTRY DATE: MAR 19, 2018@10:24:43
AUTHOR: MUFF,STEPHANIE EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Face to Face Interview was completed with the Veteran and proposed caregiver- Kimberly Ruiz on 3/15/18. Please refer to the MHC MD Note of that date for complete details of the Veteran's Eligibility Assessment.

CLINICAL ELIGIBILITY FOR FAMILY CAREGIVER PROGRAM

1. Did the Veteran or Servicemember (undergoing medical discharge) incur or aggravate a serious injury including traumatic brain injury, psychological trauma or other mental disorder, in the line of duty, on or after September 11, 2001?

Yes

2. Due to the serious injury(ies) sustained by the Veteran or Servicemember, is another person (Caregiver) required to assist with the management of personal care functions required in everyday living?

No

3. Based on this serious injury, will the Veteran or Servicemember require the assistance of another person (Caregiver) to be able to manage personal care functions required in everyday living for a continuous period of a minimum of six months?

No

4. Is it clinically in the best interest of the Veteran or Servicemember to participate in the Family Caregiver Program?

No

5. Will the Veteran or Servicemember receive care at home from the Family Caregiver upon admission into the Family Caregiver Program?

Yes

6. Will the Veteran or Servicemember receive ongoing health care from a Patient Aligned Care Team (PACT) or other VA health care team? (This does not preclude co-management with a community provider)

No

7. Will the Family Caregiver be providing personal care services without another individual entity, or program providing the same services concurrently?

Yes

The Veteran or Servicemember does not meet eligibility criteria for the Program of Comprehensive Assistance for Family Caregivers.

Addendum:

Interdisciplinary Team met to discuss case on 3/19/18. At that time the decision was made to DENY the application.

Although the spouse is a support system to the Veteran, sufficient evidence is not found to determine that the Veteran's needs meet the Caregiver Support Program guidelines. The Clinical Treatment Team supported the decision of ineligibility based on the evidence found via the chart review, discussion of the Veteran's needs with the Veteran and spouse and discussion of the case at the Clinical Treatment Team Meeting. The Caregiver Support Program is not warranted at this time as the Veteran does not meet the clinical eligibility requirements according to the guidelines from PL-111-163 family stipend aspect of the Caregiver Support Program.

TEAM RECOMMENDATIONS INCLUDED:

- Active engagement in MH services
- Consider full Psychiatric diagnostic evaluation to further clarify the OCD and somatic symptomatology reported and exhibited by Veteran.
- Veteran compliance with Labs etc ordered by PCC Physican.
- Consider SAS referral to continue services previously recommended at the New York VA.
- Consider RMS evaluation for PT evaluation of reported severe pain in Left shoulder and back in setting of essentially normal Imaging.

/es/ STEPHANIE MUFF, MD
physician
Signed: 03/19/2018 10:37

Receipt Acknowledged By:

03/19/2018 11:30 /es/ BILLY BUCKINGHAM, RN
Nurse Case Manager
03/29/2018 15:31 /es/ MARC CASTELLANI, PH.D.
CLINICAL PSYCHOLOGIST/HEALTH BEHAVIOR COORDINATOR
03/22/2018 08:29 /es/ MARTHA J CLARK BSN,RN
OEF/OIF/OND NURSE CASE MANAGER
03/19/2018 15:12 /es/ MARK E COOPER
RN MSN Case Manager
03/22/2018 15:54 /es/ SHARRON J DEBNAM
BSN,RN
03/19/2018 14:54 /es/ TAMMY L FRANKLIN, LMSW, LCSW
LICENSED CLINICAL SOCIAL WORKER
* AWAITING SIGNATURE * LOLLIS,TERRY L
03/20/2018 09:46 /es/ OLIVIA D LORENTZ
MSW, LCSW LICENSED CLINICAL SOCIAL WORKER
03/19/2018 12:41 /es/ Quiana T Mock, MSW, LCSW
Clinical Social Worker
03/21/2018 09:37 /es/ Sara B. Morrell, MSW, LCSW
OEF/OIF/OND Case Manager
03/20/2018 08:13 /es/ TIMOTHY M NASON
03/20/2018 14:24 /es/ CHRISTY ROBBINS, MSW, LCSW
LICENSED CLINICAL SOCIAL WORKER
03/19/2018 12:34 /es/ Gowri Sathiraju, MD, FRACGP
Staff Physician
03/19/2018 11:53 /es/ CHERYL SEXTON, MD
PHYSICIAN
03/20/2018 09:02 /es/ Debra A. Volkmer,MSW,LCSW
LICENSED CLINICAL SOCIAL WORKER

<< Interdisciplinary Note - Cont. >>

LOCAL TITLE: CAREGIVER PROGRAM ID CLINICAL ELIGIBILITY ASSESSMENT
STANDARD TITLE: CAREGIVER CERTIFICATE

DATE OF NOTE: MAR 20, 2018@14:32 STATUS: COMPLETED

Based on a review of the Veteran's Eligibility Assessment:
 The Veteran is not eligible for the Program of Comprehensive Assistance
 for Family Caregivers.

/es/ CHRISTY ROBBINS, MSW, LCSW
 LICENSED CLINICAL SOCIAL WORKER
 Signed: 03/20/2018 14:32

Date/Time:	16 Mar 2018 @ 1510
Note Title:	LETTER - PROVIDER COMMUNICATION
Location:	Salisbury NC VAMC
Signed By:	SATHIRAJU,GOWRI
Co-signed By:	SATHIRAJU,GOWRI
Date/Time Signed:	16 Mar 2018 @ 1511

Note

LOCAL TITLE: LETTER - PROVIDER COMMUNICATION
 STANDARD TITLE: LETTERS
 DATE OF NOTE: MAR 16, 2018@15:10 ENTRY DATE: MAR 16, 2018@15:10:26
 AUTHOR: SATHIRAJU,GOWRI EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

W.G.(Bill) Hefner VA Medical Center
 1601 Brenner Avenue
 Salisbury, N.C. 28144

MAR 16, 2018

CARLOS ANDRES VELEZ
 2087 BROOKCHASE BLVD
 INDIAN LAND, SOUTH CAROLINA 29707

Dear Veteran:

I wanted to update you on your recent lab results:

Impression:
 No evidence of torsion, epididymitis, orchitis, or focal mass.
 Borderline small left varicocele.

NORMAL EXCEPT FOR SMALL VARICOCELE

Please feel free to contact me or your local VA facility if you have any questions or concerns regarding this matter.

Thank you for your service.

Sincerely,

/es/ Gowri Sathiraju MD FRACGP FAAFP

Patient Record Number 6593274114

VELEZ,CARLOS ANDRES

Date/Time:	15 Mar 2018 @ 1743
Note Title:	SUICIDE RISK ASSESSMENT (T)
Location:	Salisbury NC VAMC
Signed By:	MUFF,STEPHANIE
Co-signed By:	MUFF,STEPHANIE
Date/Time Signed:	15 Mar 2018 @ 1743

Note

LOCAL TITLE: SUICIDE RISK ASSESSMENT (T)
 STANDARD TITLE: SUICIDE PREVENTION RISK ASSESSMENT SCREENING NOT
 DATE OF NOTE: MAR 15, 2018@17:43 ENTRY DATE: MAR 15, 2018@17:43:28
 AUTHOR: MUFF,STEPHANIE EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

CURRENT RISK FACTORS:

1. Feelings of hopelessness or helplessness?

No

2. History of suicide attempt?

No

3. Have you had thoughts about taking your life?

No

4. Intent to harm self?

No

5. Current and specific plan to harm self?

No.

Did the patient answer YES to any of the risk factors?

No, veteran does not demonstrate signs or symptoms of suicidal

ideations/behaviors that would suggest the need for intervention and/or further evaluation.

/es/ STEPHANIE MUFF, MD
physician
Signed: 03/15/2018 17:43

Date/Time:	15 Mar 2018 @ 1742
Note Title:	MEDICATION RECONCILIATION NOTE (T)
Location:	Salisbury NC VAMC
Signed By:	MUFF,STEPHANIE
Co-signed By:	MUFF,STEPHANIE
Date/Time Signed:	15 Mar 2018 @ 1743

Note

LOCAL TITLE: MEDICATION RECONCILIATION NOTE (T)
STANDARD TITLE: MEDICATION MGT NOTE
DATE OF NOTE: MAR 15, 2018@17:42 ENTRY DATE: MAR 15, 2018@17:42:37
AUTHOR: MUFF,STEPHANIE EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Medication Reconciliation Information

Medication review completed with NO CHANGES to medication list at this time.

Active Inpatient and Outpatient Medications (including Supplies):

No Medications Found

Documented Allergies: No Allergy Assessment
No Remote Allergy/ADR Data available for this patient

Patient Medication Self-Care Instructions Please Read Carefully!

-The computer lists new prescription status as "pending"
-If you have already been taking a medication, and it has been renewed at this visit, it will be on this list a SECOND time as "active"
Please DO NOT take it twice!
-Take medications only according to the NEWEST instructions you have been given

- Follow the instructions on the prescription bottle unless told otherwise
- Discard containers that DO NOT have CURRENT instructions
- Always discard OUT OF DATE medications and medications that you no longer take
- Always bring ALL of your medications, in their containers, with you to your appointments for all of your records to be updated
- Update old medication lists when any new medications are added, doses are changed, and/or when medications are discontinued (including any over-the-counter products)
- Update medication lists with any retail pharmacies you may use
- Carry medication information at all times in the event of emergency situations

If you have any questions about how to take your medications, or if you think you may have received the wrong medication, call 1-800-469-8262, and choose the PHARMACY option to speak to a pharmacy representative.

--For after-hours, please dial "0" for the operator, or call 1-877-902-5142, option "5" to reach the VA Regional Health Line.

Medication reconciliation completed with Name, dosage, frequency, and drug interactions verified.

-Source for Medication Review:

Patient

Family member/Caregiver

-Patient reports NO use of Non-VA Medications at this time.

-Provided and explained current list of reconciled medications to the patient/caregiver to include education/counseling for why the medication/s is prescribed, how each should be taken and for how long, what to expect, and what happens if the medication is not take as prescribed.

-Provided education and counseling to the patient/caregiver for any new medications added today based upon individual needs. This includes why the medication was prescribed, how it should be taken and for how long, what to expect from it, and what happens if the medication is not taken as prescribed. By signing this note, I certify that Veteran, caregiver or family member voiced understanding of my instructions. A copy of the updated medication list was provided that included any medications added, changed, and/or discontinued today.

-Reminded patient/caregiver to discard old medication lists and to update all records with medication providers and with all retail pharmacies. Explained the importance of managing medication information to the patient/caregiver at the end of this care delivery encounter. This explanation included, but was not limited to: instructing the patient to give a list to his or her primary care physician; to update the information when medications are discontinued, doses are changed, or new medications (including over-the-counter products) are added; and to carry medication information at all times in the event of emergency situations.

/es/ STEPHANIE MUFF, MD
physician
Signed: 03/15/2018 17:43

Date/Time:	15 Mar 2018 @ 1319
Note Title:	MHC MD/PA/NP NOTE
Location:	Salisbury NC VAMC
Signed By:	MUFF,STEPHANIE
Co-signed By:	MUFF,STEPHANIE
Date/Time Signed:	15 Mar 2018 @ 1742

Note

LOCAL TITLE: MHC MD/PA/NP NOTE
STANDARD TITLE: MENTAL HEALTH NOTE
DATE OF NOTE: MAR 15, 2018@13:19 ENTRY DATE: MAR 15, 2018@13:19:24
AUTHOR: MUFF,STEPHANIE EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Purpose of Contact: Completion of Caregiver eligibility assessment

Diagnosis: Z 71.9- Other Unspecified Counseling

Duration of Contact: 120 min chart review; 90 min face-to-face; 90 min summary
write-up

PRIMARILY ADL AND SUPERVISED ADL SCORING ARE FROM VETERAN AND CAREGIVER SELF
REPORT

The Program of Comprehensive Assistance for Family Caregivers is a clinical
intervention. This assessment serves as a resource for the Interdisciplinary
Caregiver Support Clinical Team. The Team considers input from the Veteran's

providers, reviews the Caregiver interview, and reviews all related VA, DOD, and

community provider medical records, to determine whether the Program of
Comprehensive Assistance for Family Caregivers is clinically appropriate

Assessment: Met with veteran and proposed caregiver Kimberly Ruiz to
complete caregiver clinical eligibility assessment

Caregiver process discussed and both DECLINED to participate in the Call Back
prior to team deliberation and recommendation.

SC CONDITIONS FOR WHICH VETERAN REQUIRES CARE: PTSD, shoulder & back

**PLEASE NOTE that the following responses to questions are based upon THE VETERAN AND CAREGIVER's answers.

The Summary section which follows will contain a synopsis of Veteran/Caregiver's information, plus any objective and historical information obtained from CPRS etc documents.*****

CLINICAL ELIGIBILITY FOR FAMILY CAREGIVER PROGRAM

1. Did the Veteran or Servicemember (undergoing medical discharge) incur or aggravate a serious injury including traumatic brain injury, psychological trauma or other mental disorder, in the line of duty, on or after September 11, 2001?

Yes

ADL ASSESSMENT: ANSWERS ARE PER VETERAN/CAREGIVER REPORT

Eating - Reports that he can only feed himself with Right hand, can't use left shoulder. Reports that sometimes he can't eat/doesn't want to eat

Grooming - Reports that he is unable to do this. Wife shaves him & brushes his teeth. (hair is very short, doesn't need to comb)

Bathing - Reports he is unable to do this, wife showers him. He reports that he cannot reach some areas because of Left shoulder & back pain, so wife handles the bathing

Dressing - He reports that wife dresses him. CG reports that because of Left shoulder & back pain he can't don his shirts, she assist with shirt, pants, underwear & shoes

Toileting - Veteran reports that his wife has to wipe him due to Left shoulder problem. He reports that he is Right handed.

Prosthetics (Use of Assistive Devices) - none

Mobility - He reports he can ambulate unaided. CG states that he has some back pain/spasm sometimes & has to sit down

- Has the Veteran been seen by orthopedics or RMS? He reports that he was seen by Ortho in NY, & that Left shoulder is in bad condition, that he can't lift arm up, is not functional. Took X-rays & reportedly recommended surgery. Recently transferred to SBY catchment area, has not been followed by Ortho since moving here.

- What type of assistive devices have been supplied by the VAMC? none per Veteran

- Is the veteran utilizing them? NA

- How many falls in the past month? NA

-Was veteran seen by health care provider for falls? NA

SUPERVISION/PROTECTION SCORING

Seizures - none reported

(Note that the NY VA charts document a history of muscle twitches which were initially of uncertain etiology and later felt to be psychogenic, and co-occurred with a period of increased stress)

Planning and Organizing - He reports that wife handles day to day planning & organizing. Veteran reports that he is completely unable to plan/coordinate his day. That he cannot even think through what he needs to do, or of following a list. Caregiver says that he gets too anxious and fearful to handle any stress, including minor day-to-day stress

- Do you feel you have to solve most of the veterans problems/challenges for them? Caregiver reports that she handles everything for Veteran, plus their 2

year old son. Veteran becomes overwhelmingly anxious and fearful if he has to do anything.

- If you the Caregiver think the veteran is making a mistake or doing something they shouldn't, how would you tell them? CG reports she'd tell him "nicely, because he is already so anxious and fearful. He can get agitated and confrontational when stressed."

- Has the veteran been attending outpatient therapy along with psychiatric visits? Not getting any MH services or meds.

- Do you encourage veteran towards treatment? They report that at times he doesn't want to leave the home so CG has to "push him to go"
When they were in NY he says he attended some MH but didn't feel it was helpful, went to the civilian sector but this didn't help either, so went back to VA Brooklyn then St Albans. Prescribed meds just made him worse, he eventually discontinued care.

- Do you attend the appointments? CG reports that she would usually go with Veteran, sometimes not in exam room due to their infant who could get fussy. Has not done so since relocation to SBY VA

- How does the veteran spend his time?
Veteran reports he goes to work during the day, a clerical/computer job. He can sit or stand as needed for comfort.
He gets up, wife showers, dresses, grooms him makes his breakfast, gets the baby ready. CG takes him to work then returns home & calls him during the day to check on him & his anxiety level. CG packs a lunch for him each day. He eats (45 min lunch break) then returns to work. He doesn't spend much time chatting with co-workers (about 10 employees), but can interact when needed. Veteran reports that he has some compulsive OCD rituals that he feels he has to do (like getting up & walking around a certain number of circuits while talking to him self to calm himself). One boss ignores these, the other has counselled him about these & suggested that since he has disability that he should stay home. CG picks him

up at the end of the day to go home.

At home Veteran reports he plays with his son while CG is making supper. CG reports she has to keep an eye on them as the boy is an active toddler & Veteran

gets impatient. Loses his temper with the child, & yells at the child. CG reports that Veteran has never actually hit the child, just yells/screams at him, so she avoids leaving him alone with the child.

The family has supper, Veteran reports that he watches some TV then CG puts his pajamas on. She reports that Veteran has a nightly ritual of checking doors/windows, and sometimes this process can be repetetive and prolonged, so she has to retrieve Vetran & take him to bed.

On weekends CG reports they mostly stay home as Veteran doesn't like crowds.

They will run errands but try to get in/out of the stores as efficiently as possible. CG feels that she feels overwhelmed at times, can't do anything for herself, spends all her time caring for Veteran & the child.

- How comfort

able are you with what the veteran is doing? CG reports that she is comfortable as long as she is with him. She worries that Vet may leave the stove

on, and he once cut an apple & left the knife out on the counter. She worried that the child might get hold of it. He has not actually done anything dangerous but she fears he might.

- What have you encouraged veteran to do? She reports that she tries to make him more social, to keep control of temper, isolate less

- Does veteran drive? yes

Safety - CG reports concerns about leaving him alone with baby, handling sharp objects. She doesn't let him cook because she fears he might leave stove on.

Vet reports that his temper is a big issue and he worries about this/doesn't trust himself to be alone with their son

- What do you do to help veteran stay calm and reasonable? CG reports she talks to him, does everything for him, reassures him, takes him to another room if he

is feeling very stressed. Vet reports that she will play music & massage his back to calm him.

- Has the veteran had any legal problems or motor vehicle accidents in the past few months? no car accidents. Had DWI a few years back but they recently resolved this.

- Do you worry about veteran remaining safe, using good judgement or taking risks when you are not around. yes-see above CG/Vet comments

- Has the veteran done anything that scared you recently? Yelling, and left knife out with son running around. When she spoke to him about this he escalated, began throwing stuff and screaming/yelling. Veteran reports that he worries that he might injure someone when he throws things. He reports losing his temper frequently. He reports he doesn't trust himself that he might become violent especially toward his son.

- What events or situations have triggered anxiety, aggressiveness or difficult behavior in the veteran. Veteran reports this occurs if CG tries to correct him- he doesn't take criticism well, and over-reacts, gets very upset.

- Have you had any time in the last three months where you were afraid for your safety or the children's safety? CG reports that the incident with the knife

being left on the counter where the child could reach up and grab it. Vet reports they had a bad argument that day which almost resulted in interpersonal violence, but instead he went into the other room and started throwing things around.

Sleep - Veteran reports some nightmares at times that wake him

- Does veteran have nightmares? yes. Vet reports that he dreams of being on missions and wakes in a panic, then has to stay up. CG has to get up with him to calm him.

- What does the caregiver do to assist the veteran? Gets up & wakes him, calms him. He will often be in a sweat.

Delusions/Hallucinations - none reported

- Does the veteran hear or see things that are not there? He reports that a few times he has gone into a room and felt like there was someone behind him. On turning quickly he thought he saw a shadow flit across the door. He never reported this to his MH providers in NY, and thought he might be imagining things.

Impairment of Recent Memory - Veteran reports his memory "is not that great, has poor short term memory-especially if CG asks him to do something around the house" Memory much worse if he is anxious, and per reports the more anxious he is, the worse his short term memory is.

- How does memory deficit affect daily lifestyle? Vet reports that he can't do much of anything or start anything. Doesn't cook for fear he may forget, etc

- What does the caregiver do to assist veteran with memory deficit? CG reports she tries to get him to do things, but he forgets. recently left garage door open overnight. She tries to involve him in a daily routine

Affective/Behavioral Dysregulation (Self-Regulation) - CG/Vet report this as a major issue. His temper is volatile and aggressive, he fears he might erupt into violence.

- How often does veteran become agitated or worked up and have a hard time calming down? CG reports this occurs about 3 times a week

- What events have or situations have triggered anxiety, aggressiveness or difficult behavior? Daily tasks, job frustrations, anxiety. Sometimes he erupts in response to some trigger that is unrelated.

- What ways has the Caregiver learned to help veteran regain composure? She reports she does everything for him so he doesn't get stressed/frustrated and feel overwhelmed.

Veteran requests that the following be put into the record: He feels that he couldn't function without CG, and he needs her there.

SUMMARY:

Branch of Service: ARMY 11/08/2011 TO 12/17/2012

Combat: NO

POW: NO

Eligibility: SERVICE CONNECTED 50% to 100% Status: VERIFIED

S/C %: 80

S/C Disabilities: TINNITUS 10% SC

POST-TRAUMATIC STRESS DISORDER 70% SC

LIMITED MOTION OF ARM 20% SC

DEGENERATIVE ARTHRITIS OF THE SPINE 20% SC

Caregiver: Kimberly Ruiz, spouse

PCC: Dr Sathiraju

MH: Not enrolled in any MH services.

SC Conditions for which care is required: PTSD, shoulder, back

Mr Velez is a 33 yo Army Veteran, still in the Reserves for another year.

Veteran and caregiver report that he can do virtually nothing for himself.

He reports severe disability of the Left shoulder which leaves him virtually unable to move it. He reports that the Orthopedists at the NY VA told him it was

"really bad, non-functional" and required surgery. He reports being told that

he has severe arthritis in his low back and should have surgery. He has declined surgical intervention.

Veteran reports that he needs help to feed himself as he cannot use his Left arm. Per his report, Veteran is Right handed.

Veteran reports that his CG showers him, dresses him, brushes his teeth, grooms his beard because he cannot do these due to shoulder and back problems. He reports that he cannot wipe himself due to the shoulder problem, so CG has to

do his toilet hygiene. He ambulates independently, and uses no assistive devices or equipment.

In addition to his Reserves status, Veteran works fulltime, has VA SC pension,

and disability benefits. He has regained his license and is able to drive. He reports that CG usually takes him to/from work. His job entails clerical computer work; he can sit or stand as needed during the day. The company has about 10 other employees, he can interact with them as required to accomplish his job, but does not socialize, as he finds this too anxiety-provoking. He also

reports that some of the co-workers think he is strange due to some of his OCD/compulsive behaviors; one boss is understanding but the other has counselled

him about these odd behaviors.

Caregiver and Veteran report that she handles virtually all the housework, shopping, cooking, laundry, childcare, and finances/appointments. Veteran finds these things to be too stressful and anxiety-provoking. Things that increase his

anxiety also disrupt his short term memory, making it more difficult to function. This in turn makes him irritable and prone to angry outbursts that sometimes result in him yelling and throwing things when he loses control. Veteran reports that he has a bad temper and fears that he might become violent.

Caregiver reports that she keeps track of appointments and meds to ensure compliance.

Before relocating from NY to our area, Veteran had received MH services in the community. He reports that he had been on metoprolol XL 25-50mg daily,

clonazepam 10 mg BID, Prozac 10 mg, but stopped the MH meds. Veteran reports he is currently on no meds either from VA or community physicians.

Veteran reports that he sometimes has nightmares of combat. CG reports that he wakes her with his thrashing and she has to wake him up, calm him and sit with him till he can go back to sleep.

His weekday regimen is detailed above. Caregiver gets him up, bathes, dresses

him, makes breakfast, gets him ready for work, takes him to work along with a packed lunch. She usually calls him during the day to check on him, and picks him up again in the evening. She prepares supper while he plays with their son. After supper he watches TV, then CG changes him into his pajamas ready for bed.

Veteran reports that he checks the doors/windows each night, and CG adds that he can be compulsive about rechecking the same things over and over.

Veteran and CG report that he tends to isolate, doesn't like crowds, or any

disruption to daily routines as these provoke anxiety which can escalate. CG reports that she does not leave him alone with their son because he is so easily

irritated and has no patience for a toddler, and will yell at the child. They both report concerns that he might lose his temper and become physically aggressive toward the boy, but they deny that this has ever happened yet.

Comments:

Local and Remote CPRS charts reviewed as well as C&P exams and VISTA WEB records.

There are a number of inconsistencies and contradictions noted between the

Dyad's reports of Veteran's history/functional status and medical records, as well as Veteran's apparent functional status on examiner's direct observation today.

-Veteran's report of inability to feed himself or do toilet hygiene, etc are not consistent with a man who can go to work all day where he would have to manage his lunch and toileting. Also inconsistent with his Army Reserves status or ability to drive.

-His reported inability do even begin to plan a day's activities at home is inconsistent with a man who goes to work and has to do some planning/organizing at work.

-Inability to feed himself or do basic hygiene due to Left shoulder pain is incompatible with his report of being Right handed.

-Although Veteran reports being unable to do virtually any self care or self feeding, the records do not support this. He does have small SC for Left shoulder and for lumbar spine, however X-rays have been essentially normal. 4/1/14 PMR examiner documented full ROM of the Left shoulder and full strength in the arm/shoulder. Left shoulder X-ray on 1/3/14 was essentially normal per C&P exam. LS spine films 9/11/17 likewise were read as "very small amount of degenerative change" and the C&P exam 9/12/17 noted "no functional impairment" of his back. His gait was noted to be normal.

- Other notes from the NY VA are significant for lack of support for Veteran's report that Orthopedists had recommended surgical intervention on his back and shoulder.

-MH and SAS notes from the NY VA make note of 'lifelong problems with anxiety', onset of OCD symptoms/behaviors in about 2013 which worsened over time, as well as a history of heavy ETOH use. Veteran sought care in 2014 but appears to have been very noncompliant with both meds and appointments both at VA & civilian

facilities. He had been utilizing high dose clonazepam, but was subsequently discontinued from this. He reports that he currently takes NO meds for MH or physical conditions.

-Veteran reports severe short term memory problems; Various Providers at the NY VA noted normal attention and memory. TBI examiner felt that Veteran's subjective memory impairment was due to anxiety.

-MH, C&P, & TBI examiners had evaluated hs multiple somatic symptoms and concluded that they were psychogenic.

-Given the levels of reported anxiety and OCD, it is surprising that he has declined MH services and medications.

Direct observation of Veteran during today's exam showed a body-builder habitus (2/17/16 Neuro consult at NY VA also reported that Veteran did regular

vigorous gym workouts). Veteran kept the Left shoulder immobile today, but was noted to move the hand and forearm normally. His gait and balance were normal. At conclusion of interview the dyad was escorted back to the waiting room and Veteran's gait and shoulder movements were normal. At one point when unaware

that he was being observed he was noted to reach out with the Left arm, abducting at the shoulder as he did so.

-Veteran and CG appeared to dramatically over-report his disabilities to a point where they were incompatible with his obvious functional status.

/es/ STEPHANIE MUFF, MD
 physician
 Signed: 03/15/2018 17:42

Date/Time:	08 Mar 2018 @ 1651
Note Title:	LETTER - MSA CLINICAL COMMUNICATION
Location:	Salisbury NC VAMC
Signed By:	WILLIAMS-DEARTH,TONJA M
Co-signed By:	WILLIAMS-DEARTH,TONJA M
Date/Time Signed:	08 Mar 2018 @ 1655

Note

LOCAL TITLE: LETTER - MSA CLINICAL COMMUNICATION
 STANDARD TITLE: LETTERS
 DATE OF NOTE: MAR 08, 2018@16:51 ENTRY DATE: MAR 08, 2018@16:51:32
 AUTHOR: WILLIAMS-DEARTH,TON EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

MAR 08, 2018

CARLOS ANDRES VELEZ
 2087 BROOKCHASE BLVD
 INDIAN LAND, SOUTH CAROLINA 29707

Dear Veteran:

We have been unsuccessful in reaching you by telephone. It is important we have your correct address and telephone number in order to communicate with you. This will allow us to provide the most efficient healthcare service to

you.

Please contact our office at 704-329-1300 X 32280 or the Call Center at 1-800-706-9126 at your earliest convenience to update this information. Our office hours are Monday through Friday from 08:00am to 4:30pm.

I was calling you to inform you

PLEASE CALL TO SCHEDULE FOLLOW UP WITH:

CVC/PCC/HRL/17(SATHIRAJU)
CVC/MHPC/SW(ANDERSON) EXT 32070

We appreciate your prompt attention to this request.

Thank you,

Sincerely,

TMWD

Date/Time:	08 Mar 2018 @ 1648
Note Title:	MSA CONTACT NOTE
Location:	Salisbury NC VAMC
Signed By:	WILLIAMS-DEARTH,TONJA M
Co-signed By:	WILLIAMS-DEARTH,TONJA M
Date/Time Signed:	08 Mar 2018 @ 1651

Note

LOCAL TITLE: MSA CONTACT NOTE
STANDARD TITLE: TELEPHONE ENCOUNTER NOTE
DATE OF NOTE: MAR 08, 2018@16:48 ENTRY DATE: MAR 08, 2018@16:48:42
AUTHOR: WILLIAMS-DEARTH,TON EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Telephone Contact
MSA TELEPHONE CONTACT NOTE

CARLOS ANDRES VELEZ
2087 BROOKCHASE BLVD
INDIAN LAND, SOUTH CAROLINA 29707
Date of Birth: MAR 22,1984

PATIENT PHONE - (917)783-6380

The above information verified as correct: Yes

Note: If the above information is not correct, update Patient information in VISTA:

Rated Disabilities:

POST-TRAUMATIC STRESS DISORDER - 70% Service Connected

TINNITUS - 10% Service Connected

LIMITED MOTION OF ARM - 20% Service Connected

DEGENERATIVE ARTHRITIS OF THE SPINE - 20% Service Connected

Patient contacted by phone on Mar 8,2018@16:48 regarding the following:

ATTEMPT TO CONTACT VETERAN TO SCHEDULE 3M FOLLOW UP WITH CVC/PCC/HLL/17 & CVC/MHPC/SW. VM LEFT TO CALL FOR AN APPT. NCL MAILED 030817

/es/ TONJA M WILLIAMS-DEARTH

Signed: 03/08/2018 16:51

Date/Time:	07 Mar 2018 @ 1505
Note Title:	POLYTRAUMA MD/PA/NP NOTE
Location:	Salisbury NC VAMC
Signed By:	MUFF,STEPHANIE
Co-signed By:	MUFF,STEPHANIE
Date/Time Signed:	07 Mar 2018 @ 1516

Note

LOCAL TITLE: POLYTRAUMA MD/PA/NP NOTE

STANDARD TITLE: POLYTRAUMA NOTE

DATE OF NOTE: MAR 07, 2018@15:05 ENTRY DATE: MAR 07, 2018@15:05:51

AUTHOR: MUFF,STEPHANIE EXP COSIGNER:

URGENCY: STATUS: COMPLETED

TBI Screening:

TRAUMATIC BRAIN INJURY SCREENING

Has the veteran already been diagnosed as having TBI during OEF/OIF/OND/OIR deployment?

Yes

Screening not required due to TBI diagnosis.

Veteran had National Registry/Second Level TBI exam completed at Sarasota VA 12/4/13.

Dx: mTBI, resolved. Examiner felt current symptoms were psychiatric in nature, related to anxiety/PTSD.

Veteran has NOT been redeployed since date of the National Registry exam, so does

NOT require an another Polytrauma/TBI exam.

/es/ STEPHANIE MUFF, MD

physician

Signed: 03/07/2018 15:16

Date/Time: 07 Mar 2018 @ 1258

Note Title: SW TELEPHONE NOTE

Location: Salisbury NC VAMC

Signed By: ROBBINS,CHRISTY

Co-signed By: ROBBINS,CHRISTY

Date/Time Signed: 07 Mar 2018 @ 1500

Note

LOCAL TITLE: SW TELEPHONE NOTE

STANDARD TITLE: SOCIAL WORK TELEPHONE ENCOUNTER NOTE

DATE OF NOTE: MAR 07, 2018@12:58 ENTRY DATE: MAR 07, 2018@12:58:08

AUTHOR: ROBBINS,CHRISTY EXP COSIGNER:

URGENCY: STATUS: COMPLETED

*** SW TELEPHONE NOTE Has ADDENDA ***

Length of Telephone Contact: 15 minutes

Procedure Code: 98967

Diagnosis Code: Z71.0

1010CG Application for Comprehensive Assistance for Family Caregivers was received from the Health Eligibility Center dated 1/24/18

CAREGIVER SUPPORT INITIAL ADMINISTRATIVE ELIGIBILITY SCREENING ASSESSMENT

Veteran Name and Last 4: Carlos Velez 1439

Name and relationship of applicant: Kimberly Velez

TC to Caregiver to acknowledge receipt of application and to confirm accuracy of information provided. CG confirms (s)he resides full-time with the Veteran.

Caregiver Support Social Worker provided caregiver information on the administrative and clinical eligibility criteria for the Comprehensive Family Caregiver Program. Informed caregiver and/or Veteran the program is a clinical intervention, not an entitlement or benefit. Explained the program is based on the Recovery Model and that the program's goals are for Veteran to achieve his/her highest level of functioning based on the Veteran's specific injury. Veteran also has to be receiving ongoing VA services and participate in recommended treatment to qualify for this program. The application process, to include the 45 day window for completion was explained. The importance of maintaining communication and follow-up as schedule was emphasized. CG expressed agreement and understanding.

Does Veteran meet the basic Administrative Eligibility criteria: Yes

SC Injury for which Veteran requires care: PTSD

Unemployable: NO

Receiving VBA Aid and Attendance or housebound pay: NO

Veteran's current services received at SVAMC: PC

Employment/School (are either Veteran or CG employed, enrolled in school or CWT): Mr. Velez works for an office, he does filing and mailing; it's a small office and they leave him alone and give him as little work as possible to not make him feel overwhelmed with the work. Not in school.

Does the Veteran have a driver's license/able to drive (reason if NO): Mr. Velez has a driver's license. He reports that his wife drives him to work at times.

Social History (household members/marriage/children): Just Mr. Velez, Mrs. Velez and their 2 year old.

Legal for Vet/CG (current/past charges; IPV/APS/CPS): No legal charges. No violence between the dyad. No APS or CPS involvement.

SAS Issues for Vet/CG (current or past): No SAS for the CG or the Veteran.

Safety Issues Identified: Veteran does "have some paranoia, he is always rechecking the windows and doors to make sure they are locked. He will check to make sure they are locked." CG will check the stove and oven to make sure they are turned off.

Care Reported to be Provided by CG: "I pretty much do everything in the

house to

be honest because he is worried and scared because he gets overwhelmed and scared around big groups of people. I do all of the errands. I pay the bills. I do pretty much everything for him so he doesn't get stressed out. The less I

worry him the better. I'm pretty much the one that runs the household."

Have the Problems Been Discussed with Provider(s): No

Additional Information: Veteran called me after his wife disconnected the phone with me. He reported that he has OCD and that his wife spends time calming him down and he lets her have control over things. He also stated that his job does not give him special accommodations.

CHART REVIEW:

NY HCS

3/21/17- MH Administrative Note- Called and spoke with Veteran after he did not arrive to scheduled initial PCMHI visit today. Veteran apologized for missing today's appt, stating that he forgot. No acute concerns were reported.

Agreed to

r/s for 3/29/17@10am.

3/22/17- Psychiatry OPT Consult Note- 33 y/o married Afghanistan Army Veteran, still in the Reserve. Was on 13 months surveillance driving searching for IEDs and felt he could be blown off and die anytime. Endured day and day out patrol that is started creeping into his sleep. Felt he may not survive assignment. Noted poor sleep muscle quivers, unusual breathing. Saw outside psychiatrists upon return to USA for anxiety, ocd, trauma symptom related to muscular, somatic

symptoms. Recurrent preoccupations with breathing, other somatic symptoms feeling he may choke anytime. Felt he may die anytime. Admitted to frequent alcohol intake during the week to minimize anxiety. Aware of outside diagnosed fatty liver. Sees outside psychiatrist regularly with prescribed medications for

anxiety, obsessions about breathing, muscle twitches. Scheduled to meet psychologist for individual psychotherapy as suggested by outside treating psychiatrist. On beta blocker, anxiolytic and SSRI.

Substance Use History: 2-3 hard drinks few times during the week

3/29/17- Veteran was no show for scheduled appointment. Apologized for missing appointment and said he didn't realize the appointment was today. Writer offered

to meet with him prior to or after his appointment but Veteran declined stating he was unable to due to work schedule. Agreed to meet tomorrow 3/30/17@ 10am.

3/30/17- Psychology PC Consult Note- Veteran shared about the onset of what he described as "compulsive thoughts" (recurrent, intrusive thoughts/memories of

events from his deployment) beginning at the end of 2012/beginning of 2013. He then described beginning to experience OCD type sx's with a focus on his breathing, blinking or swallowing, and needing to engage in repetitive behaviors to manage these sx's. Veteran endorsed feeling "really depressed" around this

time and stated that his depression and anxiety sx's worsened through/until 2014,

around which time he sought out treatment for the first time. Veteran also reported that he was drinking "heavy" during this time period, every day, to

help him manage his anxiety. He wasn't working at the time, had problems finding

a job, and was residing with his parents. He is now employed and living with his

girlfriend's mother.

4/11/17- MH No show note- Veteran apologized for no show, had to take son to pediatrician

4/20/17- MH Psychology Note- Veteran described his past few weeks and mood okay." He described his biggest concern/worry at this time as his job and possibly losing his job due to his anxiety sx's. Veteran also shared about recently participating in a VA clinical trial for the tx of PTSD.

5/4/17- MH No show note- attempt to contact Veteran was made left message.

12/22/17- Caregiver Support Telephone Contact Note- NY CSC reached out to CG/Vet

in regards to their application. Veteran and CG reported that they have relocated to SC. Veteran reported that he has not established his care yet.

Veteran was provided with Charlotte HCC and SBY VA information and encouraged to

establish his care. Veteran and CG were provided with SBY CSP contact info so that they may follow up with application.

3/3/17 PCC MD note- Here to establish care/ f/u 3 months.

VCEA scheduled: 3/15/18@1:30pm

New application letter with VCEA date/time confirmation mailed.

**Please note, administrative eligibility verification does not guarantee eligibility for this program.

Clinical Review/Assessment will be completed and Caregiver/Veteran will be notified of the decision per protocol.

Information was entered into the Caregiver Application Tracking System (CAT)

Application referred for Initial Clinical Assessment

Provider added for

information/input - separate email will also be sent.

Application will be discussed during clinical team meeting

PLAN:

-New Application Letter with appointment reminder and copy of Roles and Responsibilities mailed.

-Planned on-going Contact with the Veteran/Caregiver throughout the application process.

/es/ CHRISTY ROBBINS, MSW, LCSW
LICENSED CLINICAL SOCIAL WORKER

Signed: 03/07/2018 15:00

03/07/2018 ADDENDUM STATUS: COMPLETED
 CSC requests that providers contact CSC (writer) via email or note addendum with any additional information regarding Veteran's request for the Comprehensive Family Caregiver (stipend) Program. Any additional information, endorsements or disagreement of the Veteran's need for a caregiver, will be taken into consideration along with completed assessments of the Veteran, Caregiver and information obtained from chart review. All information will be presented to the Caregiver Interdisciplinary Treatment Team for final determination of approval or disapproval for the program.

/es/ CHRISTY ROBBINS, MSW, LCSW
 LICENSED CLINICAL SOCIAL WORKER
 Signed: 03/07/2018 15:00

Receipt Acknowledged By:
 03/07/2018 15:02 /es/ Gowri Sathiraju, MD, FRACGP
 Staff Physician

Date/Time:	06 Mar 2018 @ 1042
Note Title:	SW TELEPHONE NOTE
Location:	Salisbury NC VAMC
Signed By:	ROBBINS,CHRISTY
Co-signed By:	ROBBINS,CHRISTY
Date/Time Signed:	06 Mar 2018 @ 1043

Note

LOCAL TITLE: SW TELEPHONE NOTE
 STANDARD TITLE: SOCIAL WORK TELEPHONE ENCOUNTER NOTE
 DATE OF NOTE: MAR 06, 2018@10:42 ENTRY DATE: MAR 06, 2018@10:42:29
 AUTHOR: ROBBINS,CHRISTY EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

Historical Telephone Note
 Caregiver Support Coordinator called Mrs. Velez to discuss the application for the Caregiver Support Program; left message requesting return call.

/es/ CHRISTY ROBBINS, MSW, LCSW
 LICENSED CLINICAL SOCIAL WORKER
 Signed: 03/06/2018 10:43

Date/Time:	03 Mar 2018 @ 0933
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Note Title:	MEDICATION RECONCILIATION NOTE (T)
Location:	Salisbury NC VAMC
Signed By:	SATHIRAJU,GOWRI
Co-signed By:	SATHIRAJU,GOWRI
Date/Time Signed:	03 Mar 2018 @ 0950

Note

LOCAL TITLE: MEDICATION RECONCILIATION NOTE (T)
STANDARD TITLE: MEDICATION MGT NOTE
DATE OF NOTE: MAR 03, 2018@09:33 ENTRY DATE: MAR 03, 2018@09:33:45
AUTHOR: SATHIRAJU,GOWRI EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Medication Reconciliation Information

Medication review completed with NO CHANGES to medication list at this time.

Active Inpatient and Outpatient Medications (including Supplies):

No Medications Found

Documented Allergies: No Allergy Assessment
No Remote Allergy/ADR Data available for this patient

Patient Medication Self-Care Instructions Please Read Carefully!

- The computer lists new prescription status as "pending"
- If you have already been taking a medication, and it has been renewed at this visit, it will be on this list a SECOND time as "active"
Please DO NOT take it twice!
- Take medications only according to the NEWEST instructions you have been given
- Follow the instructions on the prescription bottle unless told otherwise
- Discard containers that DO NOT have CURRENT instructions
- Always discard OUT OF DATE medications and medications that you no longer take
- Always bring ALL of your medications, in their containers, with you to your appointments for all of your records to be updated
- Update old medication lists when any new medications are added, doses are changed, and/or when medications are discontinued (including

any over-the-counter products)

- Update medication lists with any retail pharmacies you may use
- Carry medication information at all times in the event of emergency situations

If you have any questions about how to take your medications, or if you think you may have received the wrong medication, call 1-800-469-8262, and choose the PHARMACY option to speak to a pharmacy representative.

- For after-hours, please dial "0" for the operator, or call 1-877-902-5142, option "5" to reach the VA Regional Health Line.

Medication reconciliation completed with Name, dosage, frequency, and drug interactions verified.

-Source for Medication Review:

Patient

-Non-VA Medications reviewed with patient's chart updated as needed.

-Provided and explained current list of reconciled medications to the patient/caregiver to include education/counseling for why the medication/s is prescribed, how each should be taken and for how long, what to expect, and what happens if the medication is not take as prescribed.

-Provided education and counseling to the patient/caregiver for any new medications added today based upon individual needs. This includes why the medication was prescribed, how it should be taken and for how long, what to expect from it, and what happens if the medication is not taken as prescribed. By signing this note, I certify that Veteran, caregiver or family member voiced understanding of my instructions. A copy of the updated medication list was provided that included any medications added, changed, and/or discontinued today.

-Reminded patient/caregiver to discard old medication lists and to update all records with medication providers and with all retail pharmacies. Explained the importance of managing medication information to the patient/caregiver at the end of this care delivery encounter. This explanation included, but was not limited to: instructing the patient to give a list to his or her primary care physician; to update the information when medications are discontinued, doses are changed, or new medications (including over-the-counter products) are added; and to carry medication information at all times in the event of emergency situations.

/es/ Gowri Sathiraju, MD, FRACGP

Staff Physician

Signed: 03/03/2018 09:50

Date/Time:	03 Mar 2018 @ 0856
Note Title:	PCC-MD/PA/NP (NEW PATIENT) NOTE
Location:	Salisbury NC VAMC

Signed By: SATHIRAJU,GOWRI

Co-signed By: SATHIRAJU,GOWRI

Date/Time Signed: 03 Mar 2018 @ 0950

Note

LOCAL TITLE: PCC-MD/PA/NP (NEW PATIENT) NOTE

STANDARD TITLE: PRIMARY CARE NOTE

DATE OF NOTE: MAR 03, 2018@08:56 ENTRY DATE: MAR 03, 2018@08:56:43

AUTHOR: SATHIRAJU,GOWRI EXP COSIGNER:

URGENCY: STATUS: COMPLETED

CHIEF COMPLAINTS:

TO BE ESTABLISHED AS A NEW PATIENT

BEEN TO brooklyn va 2012-2017

MOVED HERE IN AUGUST2017 FOR FAMILY REASONS

HPI:

33 YR OLD MALE VETERAN TO BE ESTABLISHE

C/O FASCICULATIONS BACK OF BICEPS , BACK OF CALF ,& EVERYWHERE

? VARICELE OF RT TESTIS WOULD LIKE TO SEE UROLOGIST AS SOON AS HE CAN AS THEY

ARE TRYING FOR 2ND CHILD

HTN : IS ON METOPRIOLOL NOT SURE OF DOSE DID NOT BRING MECINE BOTTLE

HYPERLIPIDEMIA : NOT ON ANY AT THE MOMENT

ALLERGIES:No Allergy Assessment

PAST MEDICAL HISTORY:

HTN

HYPERLIPIDEMIA

ANXIETY

MEEDICATIONS :

METOPROLOL 25 MG SA ONCE ADAY

PAST SURGICAL HISTORY:

NIL SIGNIFICANT

SOCIAL HISTORY:

Tobacco :NO

Alcohol :YES WEEK END ALIQUOR 2TO 4 DRINKS /WEEK

MORE ON THE WEEK END

Illicit drugs :NO

Work: PROPERTY MANAGEMENT AS ADMIN WORK

Personal History:

MARRIED , 1 SON 2 YERAS OLD

PAST FAMILY HISTORY

MOM : dM

daD : HTN , HERAT DISEASE IN 2004 AT AGE OF 56

MILITARY HISTORY:

ARMY RESERVIST DISCHARGED 2012 DEC , CURRENTLY IN RESERVE COMPONENT
DEPLOYED tO AFGANISTHAN

Active Outpatient Medications (including Supplies):

No Medications Found

REVIEW OF SYSTEMS

CVS: no chest pain, no SOB, no PND,

PULMONARY: No cough, no sputum, no worsening SOB

GENERAL: denies fatigue, denies weight loss or weight gain, denies generalised
aches and pains

MUSCULOSKELATAL: denies muscle aches, denies joint pain

ENDOCRINOLOGY: Denies polyuria, denies polyphagia, denies polydyspsia, denies
weight changes

PSYC: denies depressed mood, denies suicidal or homicidal ideations

NEURO: denies any focal neurological deficit

GI: Denies diarrhea or constipation, denies abdominal pain, denies nausea or
vomiting

GU: denies buring or frequency of urination, denies dribling. denies any urinary

incotinance

Functional Status:independent in ADLs and IADLs.

PHYSICAL EXAM:

140/84 (03/03/2018 08:53)

84 (03/03/2018 08:53)

3/3/18 @ 0853 PULSE OXIMETRY: 97

98 F [36.7 C] (03/03/2018 08:53)

18 (03/03/2018 08:53)

241.8 lb [109.9 kg] (03/03/2018 08:53)

BODY MASS INDEX - MAR 03, 2018@08:53:14 33.8

AAO X 3, NAD

Neck:supple, no carotid bruit

CVS: regular rate and rythum S1 and S2 present, no murmur

Respiratory: clear to auscultation, no crepitation, no wheezing

Abdomen:Soft/NT/Non distended, no masses

Extremity Non tender no odema.

Mental Status exam:Mood: stable

Affect: not flat

Speech: normal tone, volume

No suicidal ideation, no homicidal ideation

No delusion, no hallucinations.

Neurology:No focal neurological deficit

LABS:
ORDERED

ASSESSMENT AND PLAN:

1. FASCILUTIONS : LOOKS BENIGN , VETERAN WOULD LIKE NEUROLOGIST APPT
- 2.ANXIETY , PTSD : WILL NEED TO GET ESTABLISHED WITH MH IS ON DISABILITY FOR THAT WILL SEE IF MENTAL HEALTH CAN SEE HIM TO DAY
3. HTN : DIET LIFE STYLE MODIFCATIONS , CONTINUE METOPROLOL , BUT BRING THAT INFORMATION AT NEXT VISIT
4. HYPERLIPIDEMIA: DIET LIFESTYLE MODIFIACIONS LAB WORK

FOLLOW UP:3 MONTHS WITH PCP

REMINDERS:

Iraq&Afghan Post-Deployment Screen:

PC PTSD

A PTSD screening test (PC-PTSD) was positive (score=3).

Have you ever had any experience that was so frightening, horrible or upsetting that, IN THE PAST MONTH, you:

1. Have had any nightmares about it or thought about it when you did not want to?

Yes

2. Tried hard not to think about it or went out of your way to avoid situations that remind you of it?

Yes

3. Were constantly on guard, watchful, or easily startled?

Yes

4. Felt numb or detached from others, activities, or your surroundings?

No

SCREEN FOR GI SYMPTOMS

The patient reports no GI symptoms.

SCREEN FOR FEVER

The patient reports no unexplained fevers.

SCREEN FOR SKIN RASH/LESIONS

The patient reports no persistent skin rash.

SCREEN FOR EMBEDDED FRAGMENTS

The patient reports no embedded fragments.

Missing Patient Assess MD/NP/PA:

Missing Patient Assessment

The provider is responsible for determining and documenting in the medical record the patient's mental/physical condition to meet the incapacitated patient criteria.

Does not meet incapacitated patient criteria.

Note: If the patient is incapacitated, then the principal care provider or other clinician who has direct responsibility for the patient's treatment plan and problem list should make an assessment and determine the safety measures appropriate for the patient that need to be part of the treatment plan. That assessment and related safety measures must be discussed by each patient's treatment team and documented as being discussed.

Routine HIV Screening:

Patient has given verbal consent for HIV antibody testing. An order for an HIV Antibody test or HIV RNA Viral Load Panel test has been entered

- see orders tab.

Screen for PTSD:

PC PTSD

A PTSD screening test (PC-PTSD) was negative (score=1).

Have you ever had any experience that was so frightening, horrible or upsetting that, IN THE PAST MONTH, you:

1. Have had any nightmares about it or thought about it when you did not want to?

No

2. Tried hard not to think about it or went out of your way to avoid situations that remind you of it?

Yes

3. Were constantly on guard, watchful, or easily startled?

No

4. Felt numb or detached from others, activities, or your surroundings?

No

PCL-5

A PCL-5 was performed and was negative. The score was 16.

The event you experienced was:

EVENT IN AFGANISTHAN

The event happened:

within the past 6-10 years

1. Repeated, disturbing, and unwanted memories of the stressful experience?

A little bit

2. Repeated, disturbing dreams of the stressful experience?

Not at all

3. Suddenly feeling or acting as if the stressful experience were actually happening again (as if you were actually back there reliving it)?

A little bit

4. Feeling very upset when something reminded you of the stressful experience?

Moderately

5. Having strong physical reactions when something reminded you of the stressful experience (for example, heart pounding, trouble breathing, sweating)?

A little bit

6. Avoiding memories, thoughts, or feelings related to the stressful experience?

A little bit

7. Avoiding external reminders of the stressful experience (for example, people, places, conversations, activities, objects, or situations)?

A little bit

8. Trouble remembering important parts of the stressful experience?

Moderately

9. Having strong negative beliefs about yourself, other people, or the world (for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous)?

Not at all

10. Blaming yourself or someone else for the stressful experience or what happened after it?

Moderately

11. Having strong negative feelings such as fear, horror, anger, guilt, or shame?

A little bit

12. Loss of interest in activities that you used to enjoy?

Not at all

13. Feeling distant or cut off from other people?

Not at all

14. Trouble experiencing positive feelings (for example, being unable to feel happiness or have loving feelings for people close to you)?

Not at all

15. Irritable behavior, angry outbursts, or acting aggressively?

A little bit

16. Taking too many risks or doing things that could cause you harm?

Not at all

17. Being "superalert" or watchful or on guard?

A little bit

18. Feeling jumpy or easily startled?

A little bit

19. Having difficulty concentrating?

Not at all

20. Trouble falling or staying asleep?

A little bit

/es/ Gowri Sathiraju, MD, FRACGP

Staff Physician

Signed: 03/03/2018 09:50

Date/Time: 03 Mar 2018 @ 0849

Note Title: PCC-NURSING NOTE

Location: Salisbury NC VAMC

Signed By: DIESO,CAROLINE

Co-signed By: DIESO,CAROLINE

Date/Time Signed: 03 Mar 2018 @ 0858

Note

LOCAL TITLE: PCC-NURSING NOTE

STANDARD TITLE: PRIMARY CARE NURSING NOTE

DATE OF NOTE: MAR 03, 2018@08:49 ENTRY DATE: MAR 03, 2018@08:49:49

AUTHOR: DIESO,CAROLINE EXP COSIGNER:

URGENCY: STATUS: COMPLETED

INFLUENZA SEASONAL VACCINE:

Patient indicates received the Influenza vaccine (High Dose) elsewhere or previously.

Date: November, 2017 Exact date is unknown

Location: Local Pharmacy

Alcohol Use Screen (AUDIT-C):

Alcohol Screen:

SCREEN FOR ALCOHOL (AUDIT-C)

An alcohol screening test (AUDIT-C) was negative (score=2).

1. How often did you have a drink containing alcohol in the past year?

Two to four times a month

2. How many drinks containing alcohol did you have on a typical day when you were drinking in the past year?

1 or 2

3. How often did you have six or more drinks on one occasion in the past year?

Never

Tobacco Use Screen:

The patient indicated that he/she is a lifetime non-user of tobacco.

Depression Screening:

PHQ-2

A PHQ-2 screen was performed. The score was 0 which is a negative screen for depression.

Over the past two weeks, how often have you been bothered by the following problems?

1. Little interest or pleasure in doing things

Not at all

2. Feeling down, depressed, or hopeless

Not at all

Homelessness/Food Insecurity Screen:

In the past 2 months, have you been living in stable housing that you own, rent, or stay in as part of a household? Yes - Living in stable housing.

Are you worried or concerned that in the next 2 months you may NOT have stable housing that you own, rent, or stay in as part of a household?

No - Not worried about housing near future

In the past three months did you ever run out of food and you were not able to access more food or have the money to buy more food?

No - No Food shortage

LEARNING ASSESSMENT :

Do you have an advance directive?

NO

Would you like to complete an advance directive or speak with a social worker about advance directives? No

EDUCATIONAL ASSESSMENT: 1.You learn best by:Seeing , Hearing, Doing , Reading

2.Can you read? Yes

3.Your preferred language is:
English

4.Are there any cultural/religious beliefs that need to be addressed?
No

5. Indicate any barriers to learning: None

6.Is the patient ready to learn? Yes

If not, explain:

If unable to learn, is Significant Other available? NA

EDUCATIONAL NEEDS IDENTIFIED:

Tdap Immunization:

Patient refused Tdap immunization.

Personal Health Plan:

Veteran does not wish to create/update their Personal Health Plan today. Veteran was informed that they may ask to create/update their PHP at any time in the future if they desire.

Pressure Ulcer Screen:

Pressure Ulcer Screen

1. Does the Veteran report any current pressure ulcers, a history of pressure ulcers, or a wound from a medical device, such as artificial limb, braces, splint, implanted pump, automatic implanted cardioverter-defibrillator, oxygen tubing, Foley or condom catheter, tracheostomy, feeding tube or other medical devices?

No

2. Is the Veteran bed-confined or a wheelchair-user?

No

3. Does the Veteran require assistance to transfer/change position?

No

The patient is NEGATIVE for pressure ulcer risk.

BMI >30 or >24.99 at risk:

At this visit, the health risks of obesity were reviewed with the patient, the benefits of weight loss were discussed and weight management treatment offered.

Patient Refuses referral to MOVE or any other weight management program at this time.

/es/ CAROLINE DIESO, RN

REGISTERED NURSE

Signed: 03/03/2018 08:58

Date/Time:	22 Dec 2017 @ 0922
Note Title:	SWS: CAREGIVER SUPPORT TELEPHONE CONTACT NOTE
Location:	Margaret Cochran Corbin VA Campus
Signed By:	MONTERIO,JASMINE R
Co-signed By:	MONTERIO,JASMINE R
Date/Time Signed:	22 Dec 2017 @ 0923
Note	
<p>LOCAL TITLE: SWS: CAREGIVER SUPPORT TELEPHONE CONTACT NOTE STANDARD TITLE: SOCIAL WORK TELEPHONE ENCOUNTER NOTE DATE OF NOTE: DEC 22, 2017@09:22 ENTRY DATE: DEC 22, 2017@09:22:28 AUTHOR: MONTERIO,JASMINE R EXP COSIGNER: URGENCY: STATUS: COMPLETED</p> <p>Writer reached out to CG/Vet in regards to their application to CSP. Veteran and CG reported that they have relocated to South Carolina. Veteran reported that he has not established his care yet. Veteran was provided with Charlotte Health Care Center and Salisbury VA information and encouraged to establish his care. Veteran and CG have also been provided with Salisbury VA CSP contact info so that they may follow up with their application. Veteran thanked writer for the follow up and did not have any further questions or concerns at this time. Transferring application to Salisbury VA CSP Team.</p> <p>/es/ Jasmine R. Monterio, LCSW Caregiver Support Social Worker Signed: 12/22/2017 09:23</p> <p>Receipt Acknowledged By: 01/29/2018 15:58 /es/ Falguni Bhatt, LCSW Caregiver Support Coordinator 12/22/2017 16:13 /es/ Endri Horanlli, LCSW Caregiver Support Program Social Worker</p>	

Date/Time:	06 Oct 2017 @ 1716
Note Title:	C&P JOINTS (SHOULDER, ELBOW, WRIST, HIP, KNEE, ANKLE)
Location:	Margaret Cochran Corbin VA Campus
Signed By:	DAVIDSON,LORELEI S
Co-signed By:	DAVIDSON,LORELEI S
Date/Time Signed:	06 Oct 2017 @ 1716
Note	
<p>LOCAL TITLE: C&P JOINTS (SHOULDER, ELBOW, WRIST, HIP, KNEE, ANKL STANDARD TITLE: ORTHOPEDIC SURGERY C & P EXAMINATION CONSULT DATE OF NOTE: OCT 06, 2017@17:16:47 ENTRY DATE: OCT 06, 2017@17:16:47</p>	

AUTHOR: DAVIDSON, LORELEI S EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Medical Opinion
Disability Benefits Questionnaire

Name of patient/Veteran: Velez, Carlos Andres

ACE and Evidence Review

Indicate method used to obtain medical information to complete this document:

☒ In-person examination

Evidence Review

Evidence reviewed (check all that apply):

☒ VA e-folder (VBMS or Virtual VA)

☒ CPRS

MEDICAL OPINION SUMMARY

RESTATEMENT OF REQUESTED OPINION:

a. Opinion from general remarks: **CLAIM TYPE: ORIGINAL

**SPECIAL CONSIDERATIONS: NOT APPLICABLE

**INSUFFICIENT EXAM: NO

ELECTRONIC CLAIMS FOLDER AVAILABLE.

MEDICAL OPINION:

CARLOS VELEZ

127-68-1439

Exam Request Builder Version 3.79

Date of claim: 12/15/2016

Days pending: 295

Attention C&P clinical staff - This exam request was scheduled at your location because this is an addendum request for an exam completed at your facility.

The Veteran does NOT need to report for the following exam(s):

DBQ CARDIO Hypertension

DBQ MUSC Back (thoracolumbar spine)

DBQ MUSC Shoulder and arm

Active duty service dates:

Branch: Army

EOD: 11/08/2011

RAD: 12/17/2012

Addendum only

Veteran need not report

DBQ CARDIO Hypertension:

Please have examiner Lusty J. Biney provide an addendum to the examination he or she conducted on the Veteran on 09/11/2017.

Please provide the following clarification:

Please provide a medical opinion: was the Veteran's HYPERTENSION. (which clearly and unmistakably existed prior to service) aggravated beyond its natural progression by (the) Treatment and complaint of hypertension during service?

Tab STR Procedure note (STRs in VBMS): Hypertension p1-3 dated 04/21/2017

Tab STR HRR (STRs in VBMS): Entrance Exam p 77-79, 87-89, Veteran states

High blood pressure dated 04/21/2017

Tab Progress Notes for Back (Federal treatment record in VBMS): HBP pg 59 dated 08/10/2017

Addendum only

Veteran need not report

DBQ MUSC Back (thoracolumbar spine):

Please have examiner Vina S. Cruz provide an addendum to the examination he or she conducted on the Veteran on 09/11/2017.

Please address the "Correia" questions found near the bottom of this exam request.

Please provide the following clarification:

Please provide a medical opinion whether back condition is at least as likely as not related to military service.

Addendum only

Veteran need not report

DBQ MUSC Shoulder and arm:

Please have examiner Lorelei S. Davidson provide an addendum to the examination he or she conducted on the Veteran on 03/31/2017.

Please address the "Correia" questions found near the bottom of this exam request.

Please provide the following clarification:

Please provide a medical opinion on left shoulder condition is at least as likely as not related to military service.

Additional exam request information:

For any joint condition, examiners should test the contralateral joint, unless medically contraindicated, and the examiner should address pain on both passive and active motion, and on both weightbearing and non-weightbearing. In addition to the questions on the DBQ, please respond to the following questions:

1. Is there evidence of pain on passive range of motion testing? (Yes/No/Cannot be performed or is not medically appropriate)
2. Is there evidence of pain when the joint is used in non-weight bearing? (Yes/No/Cannot be performed or is not medically appropriate)
3. If yes, is the opposing joint undamaged (i.e. no abnormalities)? (Yes/No)

If yes, conduct range of motion testing for the opposing joint and provide ROM measurements.

If no, the examiner is requested to state whether it is medically

feasible to test the joint and if not to please state why the examiner cannot test the range of motion of the opposing joint.
(Please note: item 3 does not apply to neck and back disabilities.)

Please direct any questions regarding this request to:

A

MEDICAL OPINION

LEFT SHOULDER:

b. Indicate type of exam for which opinion has been requested: Left shoulder

TYPE OF MEDICAL OPINION PROVIDED: [MEDICAL OPINION FOR DIRECT SERVICE CONNECTION]

a. The condition claimed (left shoulder) was at least as likely as not (50% or greater probability) incurred in or caused by the claimed in-service injury, event or illness.

c. Rationale: Given the history, physical exam and review of the files. patient had left shoulder condition while in the service.

/es/ LORELEI S. DAVIDSON, MD
ATTENDING PHYSICIAN
Signed: 10/06/2017 17:16

Date/Time:	12 Sep 2017 @ 1554
Note Title:	C&P EXAMINATION
Location:	Margaret Cochran Corbin VA Campus
Signed By:	CRUZ,VINA
Co-signed By:	CRUZ,VINA
Date/Time Signed:	12 Sep 2017 @ 1558

Note

LOCAL TITLE: C&P EXAMINATION
STANDARD TITLE: C & P EXAMINATION NOTE
DATE OF NOTE: SEP 12, 2017@15:54 ENTRY DATE: SEP 12, 2017@15:54:26
AUTHOR: CRUZ,VINA EXP COSIGNER:

URGENCY: STATUS: COMPLETED

Ordered X-RAY EXAM SPINE LUMBOSACRAL: TWO OR THREE VIEWS on 09/11/2017 for C&P exam.

Veteran agreed with plan.

Veteran agreed to follow up X-RAY EXAM SPINE LUMBOSACRAL: TWO OR THREE VIEWS results with his PMD.

/es/ Vina S. Cruz, DO

Attending Physician, C&P

Signed: 09/12/2017 15:58

Date/Time: 11 Sep 2017 @ 1400

Note Title: C&P EXAMINATION

Location: Margaret Cochran Corbin VA Campus

Signed By: CRUZ,VINA

Co-signed By: CRUZ,VINA

Date/Time Signed: 12 Sep 2017 @ 1551

Note

LOCAL TITLE: C&P EXAMINATION

STANDARD TITLE: C & P EXAMINATION NOTE

DATE OF NOTE: SEP 11, 2017@14:00 ENTRY DATE: SEP 12, 2017@15:51:50

AUTHOR: CRUZ,VINA

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

Back (Thoracolumbar Spine) Conditions
Disability Benefits Questionnaire

Name of patient/Veteran: CARLOS ANDRES VELEZ

Is this DBQ being completed in conjunction with a VA 21-2507, C&P Examination Request?

☒ Yes ☐ No

ACE and Evidence Review

Indicate method used to obtain medical information to complete this document:

☒ In-person examination

Evidence Review

Evidence reviewed (check all that apply):

☒ VA e-folder (VBMS or Virtual VA)

☒ CPRS

1. Diagnosis

Does the Veteran now have or has he/she ever been diagnosed with a thoracolumbar spine (back) condition?

☒ Yes ☐ No

Thoracolumbar Common Diagnoses:

☐ Ankylosing spondylitis

☐ Lumbosacral strain

☒ Degenerative arthritis of the spine

☐ Intervertebral disc syndrome

☐ Sacroiliac injury

☐ Sacroiliac weakness

☐ Segmental instability

☐ Spinal fusion

☐ Spinal stenosis

☐ Spondylolisthesis

☐ Vertebral dislocation

☐ Vertebral fracture

Diagnosis #1: Degenerative arthritis of the spine

Date of diagnosis: 09/11/2017 as per CPRS x ray.

2. Medical history

a. Describe the history (including onset and course) of the Veteran's thoracolumbar spine (back) condition (brief summary):

As per veteran had low back pain in 2012. As per veteran served as carpenter/masonry specialist in the Army Reserve and had deployment to Afghanistan. As per veteran had extensive training with gear and

equipment

weighing total of 140 lbs. As per veteran had to lift heavy equipments and supplies. As per veteran had to patrol on unlevel terrains. As per veteran went to sick call and was treated with ibuprofen with some

relief.

Currently, low back pain is 8/10. Sharp. Intermittent. Last for few hours. Worse with lifting and laying down. Better with tylenol. Flare ups occur 3 times per week. Last for few hours. As per veteran currently

being

followed by a private physician and takes tylenol as needed. As per veteran does stretches for the low back.

b. Does the Veteran report flare-ups of the thoracolumbar spine (back)?

☒ Yes ☐ No

If yes, document the Veteran's description of the flare-ups in his or her own words:

As per veteran cannot sit and cannot stand for long periods of time when flare ups occur.

c. Does the Veteran report having any functional loss or functional impairment of the thoracolumbar spine (back) (regardless of repetitive use)?

☒ Yes ☐ No

If yes, document the Veteran's description of functional loss or functional impairment in his or her own words.

As per veteran cannot sit and cannot stand for long periods of time.

3. Range of motion (ROM) and functional limitation

a. Initial range of motion

☐ All normal

☒ Abnormal or outside of normal range

☐ Unable to test (please explain)

☐ Not indicated (please explain)

Forward Flexion (0 to 90): 0 to 60 degrees

Extension (0 to 30): 0 to 15 degrees

Right Lateral Flexion (0 to 30): 0 to 20 degrees

Left Lateral Flexion (0 to 30): 0 to 20 degrees

Right Lateral Rotation (0 to 30): 0 to 20 degrees

Left Lateral Rotation (0 to 30): 0 to 20 degrees

If abnormal, does the range of motion itself contribute to a functional loss? ☒ Yes (please explain) ☐ No

If yes, please explain:

Limited movement.

Description of pain (select best response):

Pain noted on exam and causes functional loss

If noted on exam, which ROM exhibited pain (select all that apply)?

Forward Flexion, Extension, Right Lateral Flexion, Left Lateral Flexion, Right Lateral Rotation, Left Lateral Rotation

Is there evidence of pain with weight bearing? ☐ Yes ☒ No

Is there objective evidence of localized tenderness or pain on palpation of the joints or associated soft tissue of the thoracolumbar spine (back)?

☒ Yes ☐ No

If yes, describe including location, severity and relationship to

condition(s):

Mildly tender on palpation of the paraspinal muscle at level of L4-5 bilaterally.

Please refer to above diagnosis.

b. Observed repetitive use

Is the Veteran able to perform repetitive use testing with at least three repetitions? ☒ Yes ☐ No

Is there additional loss of function or range of motion after three repetitions? ☐ Yes ☒ No

c. Repeated use over time

Is the Veteran being examined immediately after repetitive use over time?

☐ Yes ☒ No

If the examination is not being conducted immediately after repetitive use over time:

☐ The examination is medically consistent with the Veteran's statements describing functional loss with repetitive use over time.

☐ The examination is medically inconsistent with the Veteran's statements describing functional loss with repetitive use over time. Please explain.

☒ The examination is neither medically consistent or inconsistent with the Veteran's statements describing functional loss

with

repetitive use over time.

Does pain, weakness, fatigability or incoordination significantly limit functional ability with repeated use over a period of time?

☐ Yes ☐ No ☒ Unable to say w/o mere speculation

If unable to say w/o mere speculation, please explain:

The opinion cannot be rendered relating to functional limitations, because examiner did not witness active flare ups during the exam and did not witness the joint being used repeatedly over a long period of time.

d. Flare-ups

Is the exam being conducted during a flare-up? ☐ Yes ☒ No

If the examination is not being conducted during a flare-up:

☐ The examination is medically consistent with the Veteran's statements describing functional loss during flare-ups.

☐ The examination is medically inconsistent with the Veteran's statements describing functional loss during flare-ups. Please

explain.

[X] The examination is neither medically consistent or inconsistent with the Veteran's statements describing functional loss

during

flare-ups.

Does pain, weakness, fatigability or incoordination significantly limit functional ability with flare-ups?

[] Yes [] No [X] Unable to say w/o mere speculation

If unable to say w/o mere speculation, please explain:

The opinion cannot be rendered relating to functional limitations, because examiner did not witness active flare ups during the exam and did not witness the joint being used repeatedly over a long period of time.

e. Guarding and muscle spasm

Does the Veteran have guarding or muscle spasm of the thoracolumbar spine (back)? [X] Yes [] No

Muscle spasm:

[] None

[] Resulting in abnormal gait or abnormal spinal contour

[X] Not resulting in abnormal gait or abnormal spinal contour

[] Unable to evaluate, describe below:

f. Additional factors contributing to disability

In addition to those addressed above, are there additional contributing factors of disability? Please select all that apply and describe:

Interference with sitting, Interference with standing

4. Muscle strength testing

a. Rate strength according to the following scale:

0/5 No muscle movement

1/5 Palpable or visible muscle contraction, but no joint movement

2/5 Active movement with gravity eliminated

3/5 Active movement against gravity

4/5 Active movement against some resistance

5/5 Normal strength

Hip flexion:

Right: [X] 5/5 [] 4/5 [] 3/5 [] 2/5 [] 1/5 [] 0/5

Left: [X] 5/5 [] 4/5 [] 3/5 [] 2/5 [] 1/5 [] 0/5

Knee extension:

Right: ☒ 5/5 ☐ 4/5 ☐ 3/5 ☐ 2/5 ☐ 1/5 ☐ 0/5

Left: ☒ 5/5 ☐ 4/5 ☐ 3/5 ☐ 2/5 ☐ 1/5 ☐ 0/5

Ankle plantar flexion:

Right: ☒ 5/5 ☐ 4/5 ☐ 3/5 ☐ 2/5 ☐ 1/5 ☐ 0/5

Left: ☒ 5/5 ☐ 4/5 ☐ 3/5 ☐ 2/5 ☐ 1/5 ☐ 0/5

Ankle dorsiflexion:

Right: ☒ 5/5 ☐ 4/5 ☐ 3/5 ☐ 2/5 ☐ 1/5 ☐ 0/5

Left: ☒ 5/5 ☐ 4/5 ☐ 3/5 ☐ 2/5 ☐ 1/5 ☐ 0/5

Great toe extension:

Right: ☒ 5/5 ☐ 4/5 ☐ 3/5 ☐ 2/5 ☐ 1/5 ☐ 0/5

Left: ☒ 5/5 ☐ 4/5 ☐ 3/5 ☐ 2/5 ☐ 1/5 ☐ 0/5

b. Does the Veteran have muscle atrophy?

☐ Yes ☒ No

5. Reflex exam

Rate deep tendon reflexes (DTRs) according to the following scale:

0 Absent

1+ Hypoactive

2+ Normal

3+ Hyperactive without clonus

4+ Hyperactive with clonus

Knee:

Right: ☐ 0 ☐ 1+ ☒ 2+ ☐ 3+ ☐ 4+

Left: ☐ 0 ☐ 1+ ☒ 2+ ☐ 3+ ☐ 4+

Ankle:

Right: ☐ 0 ☐ 1+ ☒ 2+ ☐ 3+ ☐ 4+

Left: ☐ 0 ☐ 1+ ☒ 2+ ☐ 3+ ☐ 4+

6. Sensory exam

Provide results for sensation to light touch (dermatome) testing:

Upper anterior thigh (L2):

Right: ☒ Normal ☐ Decreased ☐ Absent

Left: ☒ Normal ☐ Decreased ☐ Absent

Thigh/knee (L3/4):

Right: ☒ Normal ☐ Decreased ☐ Absent

Left: ☒ Normal ☐ Decreased ☐ Absent

Lower leg/ankle (L4/L5/S1):

Right: ☒ Normal ☐ Decreased ☐ Absent

Left: ☒ Normal ☐ Decreased ☐ Absent

Foot/toes (L5):

Right: ☒ Normal ☐ Decreased ☐ Absent

Left: ☒ Normal ☐ Decreased ☐ Absent

7. Straight leg raising test

Provide straight leg raising test results:

Right: ☒ Negative ☐ Positive ☐ Unable to perform

Left: ☒ Negative ☐ Positive ☐ Unable to perform

8. Radiculopathy

Does the Veteran have radicular pain or any other signs or symptoms due to radiculopathy?

☐ Yes ☒ No

9. Ankylosis

Is there ankylosis of the spine? ☐ Yes ☒ No

10. Other neurologic abnormalities

Does the Veteran have any other neurologic abnormalities or findings related to a thoracolumbar spine (back) condition (such as bowel or bladder problems/pathologic reflexes)?

☐ Yes ☒ No

11. Intervertebral disc syndrome (IVDS) and episodes requiring bed rest

a. Does the Veteran have IVDS of the thoracolumbar spine?

☐ Yes ☒ No

12. Assistive devices

a. Does the Veteran use any assistive device(s) as a normal mode of locomotion, although occasional locomotion by other methods may be possible?

☐ Yes ☒ No

b. If the Veteran uses any assistive devices, specify the condition and identify the assistive device used for each condition:

No response provided.

13. Remaining effective function of the extremities

Due to a thoracolumbar spine (back) condition, is there functional impairment

of an extremity such that no effective function remains other than that which

would be equally well served by an amputation with prosthesis? (Functions of

the upper extremity include grasping, manipulation, etc.; functions of the lower extremity include balance and propulsion, etc.)

☒ No

14. Other pertinent physical findings, complications, conditions, signs, symptoms and scars

a. Does the Veteran have any other pertinent physical findings, complications, conditions, signs or symptoms related to any conditions listed in the Diagnosis Section above?

☐ Yes ☒ No

b. Does the Veteran have any scars (surgical or otherwise) related to any conditions or to the treatment of any conditions listed in the Diagnosis Section above?

☐ Yes ☒ No

c. Comments, if any:
No response provided

15. Diagnostic testing

a. Have imaging studies of the thoracolumbar spine been performed and are the results available?

☒ Yes ☐ No

If yes, is arthritis documented?

☒ Yes ☐ No

b. Does the Veteran have a thoracic vertebral fracture with loss of 50 percent or more of height?

☐ Yes ☒ No

c. Are there any other significant diagnostic test findings and/or results?

☐ Yes ☒ No

16. Functional impact

Does the Veteran's thoracolumbar spine (back) condition impact on his or her ability to work?

☒ Yes ☐ No

If yes describe the impact of each of the Veteran's thoracolumbar

spine (back) conditions providing one or more examples:

For example, veteran cannot sit for long periods of time. Another example is veteran cannot stand for long periods of time. Another example is veteran cannot lift heavy things. Another example is veteran is limited in his exercise capabilities.

17. Remarks, if any:

C-file reviewed.

Mitchell criteria:

The opinion cannot be rendered relating to functional limitations, because

examiner did not witness active flare ups during the exam and did not
witness

the joint being used repeatedly over a long period of time.

CURRENT LEVEL OF SEVERITY:

Please refer to ROM and physical exam above.

Please refer to description of limitation above.

Pain on active and passive range of motion.

No pain on weightbearing and no pain on non-weightbearing.

Exam Date/Time

09/11/2017 13:48

Procedure Name

X-RAY EXAM SPINE LUMBOSACRAL: TWO OR THREE VIEWS

Reason for Study

C/O CHRONIC LOW BACK PAIN R/O ARTHRITIS.

Clinical History

Requestor's ext. COMP AND PEN Service:AMBULATORY CARE-BK

Title:Attending

Physician, C&P Responsible Attending: VINA S CRUZ, DO

Impression

Very small amount of degenerative changes

Report

AP and lateral views of the lumbar spine were obtained. No comparisons.

Findings:

No evidence of malalignment or an acute fracture. The vertebral body
heights

and disc spaces are well-maintained. The pedicles are intact. A small
osteophyte is seen originating from the anterior/inferior aspect of T12.

Primary Diagnostic Code: NONE
 Secondary Diagnostic Codes:
 NONE

Facility: NEW YORK HHS

=

/es/ Vina S. Cruz, DO
 Attending Physician, C&P
 Signed: 09/12/2017 15:51

Date/Time:	11 Sep 2017 @ 1400
Note Title:	C&P EXAMINATION
Location:	Margaret Cochran Corbin VA Campus
Signed By:	CRUZ,VINA
Co-signed By:	CRUZ,VINA
Date/Time Signed:	23 Oct 2017 @ 0915

Note

LOCAL TITLE: C&P EXAMINATION
 STANDARD TITLE: C & P EXAMINATION NOTE
 DATE OF NOTE: SEP 11, 2017@14:00 ENTRY DATE: OCT 23, 2017@09:15:28
 AUTHOR: CRUZ,VINA EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

Addendum / Clarification
 Disability Benefits Questionnaire

Name of patient/Veteran: CARLOS ANDRES VELEZ

Please utilize this form when responding to VBA requests for either
 addendums
 or clarifications of prior VHA examination reports.

The following addendum as per RO request:

As per C&P exam on SEP 11, 2017, the "Correia" was addressed.
 It states, "
 Pain on active and passive range of motion...No pain on weightbearing and no

pain on non-weightbearing."

MEDICAL OPINION:

The veteran's Degenerative arthritis of the spine 09/11/2017 as per CPRS x ray is at least as likely as not incurred in service.

RATIONALE:

As per VBMS there is a mention of "LUMBAGO on 05 Nov 2012," which is within the veteran's active service dates.

/es/ Vina S. Cruz, DO
 Attending Physician, C&P
 Signed: 10/23/2017 09:15

Date/Time:	11 Sep 2017 @ 1241
Note Title:	C&P MENTAL DISORDERS
Location:	Margaret Cochran Corbin VA Campus
Signed By:	MENELL,CINDY JO
Co-signed By:	MENELL,CINDY JO
Date/Time Signed:	11 Sep 2017 @ 1242

Note

LOCAL TITLE: C&P MENTAL DISORDERS
 STANDARD TITLE: MENTAL HEALTH C & P EXAMINATION CONSULT
 DATE OF NOTE: SEP 11, 2017@12:41 ENTRY DATE: SEP 11, 2017@12:41:20
 AUTHOR: MENELL,CINDY JO EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

The Veteran was seen for C & P Mental Disorder evaluation.

/es/ CINDY JO MENELL
 PSYCHOLOGIST
 Signed: 09/11/2017 12:42

Date/Time:	11 Sep 2017 @ 1100
Note Title:	C&P HYPERTENSION
Location:	Margaret Cochran Corbin VA Campus
Signed By:	BINEY,LUSTY J
Co-signed By:	BINEY,LUSTY J

Date/Time Signed: 11 Sep 2017 @ 1100

Note

LOCAL TITLE: C&P HYPERTENSION
STANDARD TITLE: INTERNAL MEDICINE C & P EXAMINATION CONSULT
DATE OF NOTE: SEP 11, 2017@11:00 ENTRY DATE: SEP 11, 2017@11:00:13
AUTHOR: BINEY,LUSTY J EXP COSIGNER:
URGENCY: STATUS: COMPLETED

*** C&P HYPERTENSION Has ADDENDA ***

Hypertension
Disability Benefits Questionnaire

Name of patient/Veteran: Velez, Carlos Andres

Is this DBQ being completed in conjunction with a VA 21-2507, C&P
Examination
Request?
☒ Yes ☐ No

ACE and Evidence Review

Indicate method used to obtain medical information to complete this
document:

☒ In-person examination

Evidence Review

Evidence reviewed (check all that apply):

☒ VA e-folder (VBMS or Virtual VA)
☒ CPRS

Evidence Comments:

STR date 7/10/2012- Dx of Hypertension - pt run out of his meds. The
veteran was on Metoprolol 25mg BID

1. Diagnosis

Does the Veteran now have or has he/she ever been diagnosed with
hypertension
or isolated systolic hypertension based on the following criteria:
☒ Yes ☐ No

☒ Hypertension

ICD code: I11.9

Date of diagnosis: 2012

2. Medical history

a. Describe the history (including onset and course) of the Veteran's hypertension condition (brief summary):

The veteran admits he was dx with HTN while on deployment in Iraq 2012 due to all the stress from War, the mortar attacks and the daily fire attacks made it worse. he was stated on metropolol after his BP was checked 3 different times on 3 different days.

b. Does the Veteran's treatment plan include taking continuous medication for

hypertension or isolated systolic hypertension?

☒ Yes ☐ No

If yes, list only those medications used for the diagnosed conditions:

Metropolol 50 mg BID

c. Was the Veteran's initial diagnosis of hypertension or isolated systolic

hypertension confirmed by blood pressure (BP) readings taken 2 or more times on at least 3 different days?

☐ Yes ☐ No ☒ Unknown

d. Does the Veteran have a history of a diastolic BP elevation to predominantly 100 or more?

No response provided.

3. Current blood pressure readings

Systolic Diastolic

Blood pressure reading 1: 160 / 96 Date: 9/11/2017

Blood pressure reading 2: 158 / 94 Date: 9/11/2017

Blood pressure reading 3: 164 / 98 Date: 9/11/2017

Average Blood Pressure Reading: 160 / 96

4. Other pertinent physical findings, complications, conditions, signs, symptoms and scars

a. Does the Veteran have any other pertinent physical findings, complications, conditions, signs or symptoms related to the conditions listed in the Diagnosis Section above?

☐ Yes ☒ No

b. Does the Veteran have any scars (surgical or otherwise) related to any conditions or to the treatment of any conditions listed in the Diagnosis Section above?

☐ Yes ☒ No

c. Comments, if any:
No response provided

5. Functional impact

Does the Veteran's hypertension or isolated systolic hypertension impact
his
or her ability to work?
☐ Yes ☒ No

6. Remarks, if any

Opinion: It is very likely that the veteran's Hypertension was
incurred
while on active duty.

Rational: There is STR documentation of the veteran's BP starting
while on
deployment. He was treated with amlodipine and metoprolol. He continues
to
take the metoprolol for the BP which is still not at goal.

/es/ LUSTY BINEY, PA
PHYSICIAN ASSISTANT COMPENSATION AND PESNSION
Signed: 09/11/2017 11:00

10/12/2017 ADDENDUM STATUS: COMPLETED
Opinion: It is not likely that the veteran's HTN was aggravated beyond its
natural progression by military.

Rational: There is no documentation of aggravation of the veteran's HTN
beyond
the normal progression of the condition while in service. His HTN was elevated
when he run out of medication and since he has been on medication, it's been
controlled. That is expected reaction on Blood pressure.

/es/ LUSTY BINEY, PA
PHYSICIAN ASSISTANT COMPENSATION AND PESNSION
Signed: 10/12/2017 11:58

Date/Time:	11 Sep 2017 @ 0930
Note Title:	C&P AUDIO
Location:	Margaret Cochran Corbin VA Campus
Signed By:	GEIGER,PAMELA A
Co-signed By:	GEIGER,PAMELA A
Date/Time Signed:	11 Sep 2017 @ 1045

Note

LOCAL TITLE: C&P AUDIO
STANDARD TITLE: AUDIOLOGY C & P EXAMINATION CONSULT
DATE OF NOTE: SEP 11, 2017@09:30 ENTRY DATE: SEP 11, 2017@10:45:44
AUTHOR: GEIGER,PAMELA A EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Hearing Loss and Tinnitus
Disability Benefits Questionnaire

Name of patient/Veteran: VELEZ, CARLOS ANDRES

Is this DBQ being completed in conjunction with a VA 21-2507, C&P
Examination
Request?
☒ Yes ☐ No

ACE and Evidence Review

Indicate method used to obtain medical information to complete this
document:

☒ In-person examination

Evidence Review

Evidence reviewed (check all that apply):

☒ CPRS
☒ Other (please identify other evidence reviewed):
DOEHRS

Evidence Comments:

All audiograms in DOEHRS were reviewed and hearing it should be noted that
there were threshold shifts in both ears between enlistment and
separation.

Hearing was WNL at separation but threshold shifts are noted in each ear.

This exam is for: Tinnitus only (audiologist or non-audiologist clinician)

SECTION 2: TINNITUS

1. Medical history

Does the Veteran report recurrent tinnitus: Yes

Date and circumstances of onset of tinnitus: Veteran reported constant, bilateral tinnitus which began while he was deployed to Afghanistan.

2. Etiology of tinnitus

At least as likely as not (50% probability or greater) caused by or a result of military noise exposure.

Rationale: Veteran served in the Army and performed his duties in carpentry and masonry work. He was exposed to noise from heavy equipment in addition to explosions, IEDS, mortars. All audiograms in DOEHRs were reviewed and hearing it should be noted that there were threshold shifts in both ears between enlistment and separation. Hearing was WNL at separation but threshold shifts are noted in each ear.

3. Functional impact of tinnitus

Does the Veteran's tinnitus impact ordinary conditions of daily life, including ability to work: No

4. Remarks, if any, pertaining to tinnitus::

No response provided

NOTE: VA may request additional medical information, including additional examinations if necessary to complete VA's review of the Veteran's application.

/es/ Pamela Geiger, Au.D.
 AUDIOLOGIST
 Signed: 09/11/2017 10:45

Date/Time:	04 May 2017 @ 1321
Note Title:	MH: NO SHOW NOTE
Location:	Margaret Cochran Corbin VA Campus
Signed By:	BUCKLEY,JULIA ANN
Co-signed By:	BUCKLEY,JULIA ANN
Date/Time Signed:	04 May 2017 @ 1323

Note

LOCAL TITLE: MH: NO SHOW NOTE
 STANDARD TITLE: NO SHOW NOTE
 DATE OF NOTE: MAY 04, 2017@13:21 ENTRY DATE: MAY 04, 2017@13:22:31
 AUTHOR: BUCKLEY,JULIA ANN EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

Veteran was NO SHOW for scheduled PCMHI appointment which was scheduled for May 4,2017.

First contact attempt

An attempt was made to contact the veteran by this provider via telephone and no answer to telephone call was received. A message was left on the veteran's voicemail/answering machine instructing the veteran to call to reschedule the appointment.

APPOINTMENT STATUS:

The appointment has not been rescheduled.

/es/ JULIA ANN BUCKLEY, PSYD

CLINICAL PSYCHOLOGIST

Signed: 05/04/2017 13:23

Date/Time:	20 Apr 2017 @ 1345
Note Title:	MH: PSYCHOLOGY NOTE
Location:	Margaret Cochran Corbin VA Campus
Signed By:	BUCKLEY,JULIA ANN
Co-signed By:	BUCKLEY,JULIA ANN
Date/Time Signed:	20 Apr 2017 @ 1359

Note

LOCAL TITLE: MH: PSYCHOLOGY NOTE

STANDARD TITLE: PSYCHOLOGY NOTE

DATE OF NOTE: APR 20, 2017@13:45 ENTRY DATE: APR 20, 2017@13:45:05

AUTHOR: BUCKLEY,JULIA ANN EXP COSIGNER:

URGENCY: STATUS: COMPLETED

Clinic: PACT Psychology

Date/Time/Duration: 4/20/17, 1:00PM, 45 mins

Type of Session: Individual, scheduled f/u

Session #: 2 (incl initial visit)

Clinician: Julia Buckley, PsyD, Clinical Psychologist

Diagnostic Impression: Trauma/Stressor-Related Disorder, unspecified; r/o PTSD, alcohol use disorder, mild-moderate

CONSENTS: Veteran was informed of confidentiality/limits of confidentiality at initial intake, including duties as a mandated reporter, and provided verbal consent to proceed.

REASON FOR FOLLOW-UP: Individual psychotherapy in PCMHI for trauma-related sxs, specifically anxiety and panic sxs.

SUBJECTIVE: Veteran described his past few weeks and mood as "okay." He

described his biggest concern/worry at this time as his job and possibly losing

his job 2/2 his anxiety sx's. Veteran also shared about recently participating in a VA clinical trial for the tx of PTSD.

SESSION FOCUS: Today's session was the first visit since the initial consult on 3/30/17 (veteran missed his appt on 4/11/17) and he was with his young son, thus session focused mainly on checking in and reviewing events since the initial appt, and beginning to provide psychoeducation on the anxiety response and CBT model. Veteran shared about his recent experience with participating in a VA clinical trial for PTSD, in addition to his thoughts/feelings about potentially losing his job and recent work-related events. From there, the remainder of session was spent examining veteran's anxiety sx's and anxiety response in different situations, discussing the ANS, and introducing veteran to the CBT model of anxiety and panic. Also began to discuss ways in which veteran has attempted to cope with and manage his anxiety sx's over the years. Support was provided.

MMSE: Veteran arrived ~10-15 mins late to session and was with his young son, was causally and appropriately dressed and groomed, pleasant, cooperative and well-related. Mood appeared euthymic to mildly anxious with appropriate affect, consistent to last session. Thought processes logical, coherent and goal-directed. No evidence of SI/I/P, HI/I/P, psychosis or mania. Speech WNL. Motor activity WNL. I/J: good.

ASSESSMENT: Veteran appears open and engaged in the tx process, although today's session was somewhat disrupted 2/2 the presence of veteran's young son. He began to share certain fears that likely contribute to his anxiety response, and certain cognitive distortions were elucidated throughout the conversation. Sessions will continue to focus on providing psychoeducation, support and CBT interventions for the tx of anxiety. There were no indications of any acute safety concerns at today's visit.

PLAN:

-Agreed to continue biweekly individual psychotherapy in PCMHI at this time. Veteran will likely benefit from ongoing tx beyond the ST tx in PCMHI, however, due to current work schedule and geographic location, agreed to initiate tx in PCMHI

-Psychiatric medication management per Dr. David
-Veteran to contact writer prior to next appt if needed

RTC 2 weeks

/es/ JULIA ANN BUCKLEY, PSYD
CLINICAL PSYCHOLOGIST
Signed: 04/20/2017 13:59

Note Title:	MH: NO SHOW NOTE
Location:	Margaret Cochran Corbin VA Campus
Signed By:	BUCKLEY,JULIA ANN
Co-signed By:	BUCKLEY,JULIA ANN
Date/Time Signed:	11 Apr 2017 @ 1120
Note	
<p>LOCAL TITLE: MH: NO SHOW NOTE STANDARD TITLE: NO SHOW NOTE DATE OF NOTE: APR 11, 2017@11:19 ENTRY DATE: APR 11, 2017@11:19:14 AUTHOR: BUCKLEY,JULIA ANN EXP COSIGNER: URGENCY: STATUS: COMPLETED</p> <p>Veteran was NO SHOW for scheduled PCMHI appointment which was scheduled for Apr 11,2017.</p> <p>First contact attempt An attempt was made to contact the veteran by this provider via telephone and was successful. Veteran apologized for missing the appt, stating that he needed to take his son to the pediatrician. He requested to r/s. No acute concerns were reported.</p> <p>APPOINTMENT STATUS: The appointment has been rescheduled. 4/20/17 @ 1:00pm.</p> <p>/es/ JULIA ANN BUCKLEY, PSYD CLINICAL PSYCHOLOGIST Signed: 04/11/2017 11:20</p>	

Date/Time:	31 Mar 2017 @ 1700
Note Title:	C&P JOINTS (SHOULDER, ELBOW, WRIST, HIP, KNEE, ANKLE)
Location:	Margaret Cochran Corbin VA Campus
Signed By:	DAVIDSON,LORELEI S
Co-signed By:	DAVIDSON,LORELEI S
Date/Time Signed:	31 Mar 2017 @ 1801
Note	
<p>LOCAL TITLE: C&P JOINTS (SHOULDER, ELBOW, WRIST, HIP, KNEE, ANKL STANDARD TITLE: ORTHOPEDIC SURGERY C & P EXAMINATION CONSULT DATE OF NOTE: MAR 31, 2017@17:00 ENTRY DATE: MAR 31, 2017@18:01:33 AUTHOR: DAVIDSON,LORELEI S EXP COSIGNER: URGENCY: STATUS: COMPLETED</p> <p>Shoulder and Arm Conditions</p>	

Disability Benefits Questionnaire

Name of patient/Veteran: Velez, Carlos Andres

Is this DBQ being completed in conjunction with a VA 21-2507, C&P Examination Request?

☒ Yes ☐ No

ACE and Evidence Review

Indicate method used to obtain medical information to complete this document:

☒ In-person examination

Evidence Review

Evidence reviewed (check all that apply):

☒ VA e-folder (VBMS or Virtual VA)
☒ CPRS

1. Diagnosis

a. List the claimed condition(s) that pertain to this DBQ:
Left shoulder

b. Select diagnoses associated with the claimed condition(s) (check all that apply):

☒ Rotator cuff tendonitis
Side affected: ☐ Right ☒ Left ☐ Both
ICD Code: **
Date of diagnosis: Left 2017

☒ Other (specify):

Other diagnosis: S/P Left shoulder dislocation (2012)
Left shoulder sprain

Side affected: Left
ICD code: **

Date of diagnosis (left side): 2017

Other diagnosis: ((Left shoulder bursitis))

Side affected: Left
ICD code: **

Date of diagnosis (left side): 2017

c. Comments, if any:

None

d. Was an opinion requested about this condition?

☐ Yes ☒ No ☐ N/A

2. Medical history

a. Describe the history (including onset and course) of the Veteran's shoulder

or arm condition (brief summary):

Date of Service: Nov 2011 - Dec 2012 (Army).

As per pt: Entered Army Reserves 2008 - Present.

LEFT SHOULDER:

33 year old patient stated that he was in Afghanistan, 2012. They came under fire on a mountain side. He ran for cover and as he ran, he slipped and fell onto this left shoulder. The shoulder went out of place for a while. When the attack was dampened, his sgt popped the shoulder back in. He said it was excruciating pain. He was given ice for the area and

Motrin

medication. Since then he has constant pain in the left shoulder.

He tries not to use the left shoulder.

When he returned stateside, he was seen at Brooklyn VA. He had physical therapy, no shots no surgery. He said the therapy is not really working.

Currently, the left shoulder has constant pain is 5/10. This goes up to 9-10/10, with reaching, lifting and carrying. Sometimes his hand shakes

as

the shoulder is so painful.

b. Dominant hand:

☒ Right ☐ Left ☐ Ambidextrous

c. Does the Veteran report flare-ups of the shoulder or arm?

☒ Yes ☐ No

If yes, document the Veteran's description of the flare-ups in his

or

her own words:

I have pain in trying to lift and carry, even my son.

d. Does the Veteran report having any functional loss or functional impairment

of the joint or extremity being evaluated on this DBQ (regardless of repetitive use)?

☒ Yes ☐ No

If yes, document the Veteran's description of functional loss or functional impairment in his or her own words:
Increased pain in the left shoulder with lifting and carrying.

3. Range of motion (ROM) and functional limitation

a. Initial range of motion

Right Shoulder

- ☒ All Normal
☐ Abnormal or outside of normal range
☐ Unable to test (please explain)
☐ Not indicated (please explain)

Flexion (0 to 180): 0 to 180 degrees
Abduction (0 to 180): 0 to 180 degrees
External rotation (0 to 90): 0 to 90 degrees
Internal rotation (0 to 90): 0 to 90 degrees

Description of pain (select best response):
No pain noted on exam

Is there evidence of pain with weight bearing? ☐ Yes ☒ No

Is there objective evidence of localized tenderness or pain on palpation of the joint or associated soft tissue? ☐ Yes ☒ No

Is there objective evidence of crepitus? ☐ Yes ☒ No

Left Shoulder

- ☐ All Normal
☒ Abnormal or outside of normal range
☐ Unable to test (please explain)
☐ Not indicated (please explain)

Flexion (0 to 180): 0 to 70 degrees
Abduction (0 to 180): 0 to 70 degrees
External rotation (0 to 90): 0 to 30 degrees
Internal rotation (0 to 90): 0 to 30 degrees

If abnormal, does the range of motion itself contribute to functional loss? ☒ Yes (please explain) ☐ No
If yes, please explain:
Pain on movement

Description of pain (select best response):
Pain noted on exam and causes functional loss

If noted on exam, which ROM exhibited pain (select all that apply)?

Flexion, Abduction, External rotation, Internal rotation

Is there evidence of pain with weight bearing? ☒ Yes ☐ No

Is there objective evidence of localized tenderness or pain on palpation of the joint or associated soft tissue? ☒ Yes ☐ No

If yes, describe including location, severity and relationship to condition(s):

Tender at the anterior and lateral shoulder.

Is there objective evidence of crepitus? ☐ Yes ☒ No

b. Observed repetitive use

Right Shoulder

Is the Veteran able to perform repetitive use testing with at least three repetitions? ☒ Yes ☐ No

Is there additional functional loss or range of motion after three repetitions? ☐ Yes ☒ No

Left Shoulder

Is the Veteran able to perform repetitive use testing with at least three repetitions? ☐ Yes ☒ No

c. Repeated use over time

Right Shoulder

Is the Veteran being examined immediately after repetitive use over time? ☒ Yes ☐ No

Does pain, weakness, fatigability or incoordination significantly limit functional ability with repeated use over a period of time?
☐ Yes ☒ No ☐ Unable to say w/o mere speculation

Left Shoulder

Is the Veteran being examined immediately after repetitive use over time? ☒ Yes ☐ No

Does pain, weakness, fatigability or incoordination significantly limit functional ability with repeated use over a period of time?
☒ Yes ☐ No ☐ Unable to say w/o mere speculation

Select all factors that cause this functional loss:

Pain

Able to describe in terms of range of motion: ☒ Yes ☐ No

Flexion (0 to 180): 0 to 70 degrees

Abduction (0 to 180): 0 to 60 degrees

External rotation (0 to 90): 0 to 30 degrees

Internal rotation (0 to 90)

: 0 to 20 degrees

d. Flare-ups

Right Shoulder

Is the exam being conducted during a flare-up? ☐ Yes ☒ No

If the examination is not being conducted during a flare-up:

☐ The examination is medically consistent with the Veteran's statements describing functional loss during flare-ups.

☐ The examination is medically inconsistent with the Veteran's statements describing functional loss during flare-ups. Please explain.

☒ The examination is neither medically consistent or inconsistent with the Veteran's statements describing functional loss during flare-ups.

Left Shoulder

Is the exam being conducted during a flare-up? ☒ Yes ☐ No

Does pain, weakness, fatigability or incoordination significantly limit functional ability with flare-ups?

☒ Yes ☐ No ☐ Unable to say w/o mere speculation

Select all factors that cause this functional loss:

Pain

Able to describe in terms of range of motion: ☒ Yes ☐ No

Flexion (0 to 180): 0 to 70 degrees

Abduction (0 to 180): 0 to 60 degrees

External rotation (0 to 90): 0 to 30 degrees

Internal rotation (0 to 90): 0 to 20 degrees

e. Additional factors contributing to disability

Left Shoulder

In addition to those addressed above, are there additional contributing factors of disability? Please select all that apply and describe: None

4. Muscle strength testing

a. Muscle strength - Rate strength according to the following scale:

- 0/5 No muscle movement
- 1/5 Palpable or visible muscle contraction, but no joint movement
- 2/5 Active movement with gravity eliminated
- 3/5 Active movement against gravity
- 4/5 Active movement against some resistance
- 5/5 Normal strength

Right Shoulder: Rate Strength:

Forward flexion: 5/5

Abduction: 5/5

Is there a reduction in muscle strength? ☐ Yes ☒ No

Left Shoulder: Rate Strength:

Forward flexion: 5/5

Abduction: 4/5

Is there a reduction in muscle strength? ☒ Yes ☐ No

If yes, is the reduction entirely due to the claimed condition in the
Diagnosis Section? ☒ Yes ☐ No

b. Does the Veteran have muscle atrophy?

☐ Yes ☒ No

c. Comments, if any:

Decreased tone left shoulder

5. Ankylosis

Complete this section if the Veteran has ankylosis of scapulohumeral (glenohumeral) articulation (shoulder joint) (i.e., the scapula and humerus move as one piece).

a. Indicate severity of ankylosis and side affected (check all that apply):

Right side:

- ☐ Ankylosis in abduction up to 60 degrees; can reach mouth and head (Favorable ankylosis)
- ☐ Ankylosis in abduction between favorable and unfavorable (Intermediate ankylosis)
- ☐ Ankylosis in abduction at 25 degrees or less from side (Unfavorable ankylosis)
- ☒ No ankylosis

Left side:

- ☐ Ankylosis in abduction up to 60 degrees; can reach mouth and head (Favorable ankylosis)

- ☐ Ankylosis in abduction between favorable and unfavorable (Intermediate ankylosis)
☐ Ankylosis in abduction at 25 degrees or less from side (Unfavorable ankylosis)
☒ No ankylosis

b. Comments, if any:
None

6. Rotator cuff conditions

Is rotator cuff condition suspected?

Right Shoulder: ☐ Yes ☒ No

Left Shoulder: ☒ Yes ☐ No
If "Yes" complete the following:

Hawkins' Impingement Test (Forward flex the arm to 90 degrees with the elbow bent to 90 degrees. Internally rotate arm. Pain on internal rotation indicates a positive test; may signify rotator cuff tendinopathy or tear.)
☐ Positive ☐ Negative ☒ Unable to perform ☐ N/A

Empty-can Test (Abduct arm to 90 degrees and forward flex 30 degrees. Patient turns thumbs down and resists downward force applied by the examiner. Weakness indicates a positive test; may indicate rotator cuff pathology, including supraspinatus tendinopathy or tear.)
☐ Positive ☐ Negative ☒ Unable to perform ☐ N/A

External Rotation/ Infrapinatus Strength Test (Patient holds arms at side with elbow flexed 90 degrees. Patient externally rotates against resistance. Weakness indicates a positive test; may be associated with infrapinatus tendinopathy or tear.)
☐ Positive ☐ Negative ☒ Unable to perform ☐ N/A

Lift-off Subscapularis Test (Patient internally rotates arm behind lower back, pushes against examiner's hand. Weakness indicates a positive test; may indicate subscapularis tendinopathy or tear.)
☐ Positive ☐ Negative ☒ Unable to perform ☐ N/A

7. Shoulder instability, dislocation or labral pathology

a. Is shoulder instability, dislocation or labral pathology suspected?
☒ Yes ☐ No

If yes, complete questions 7b - 7d below:

b. Is there a history of mechanical symptoms (clicking, catching, etc.)?

☐ Yes ☒ No

c. Is there a history of recurrent dislocation (subluxation) of the glenohumeral (scapulohumeral) joint?

☒ Yes ☐ No

If yes, indicate frequency, severity and side affected (check all that apply):

☒ Infrequent episodes ☐ Right ☒ Left ☐ Both

d. Crank apprehension and relocation test (with patient supine, abduct patient's arm to 90 degrees and flex elbow 90 degrees. Pain and sense of

instability with further external rotation may indicate shoulder instability.)

☒ Positive ☐ Negative ☐ Unable to perform ☐ N/A

If positive, indicate side affected: ☐ Right ☒ Left ☐ Both

8. Clavicle, scapula, acromioclavicular (AC) joint and sternoclavicular joint conditions

a. Is a clavicle, scapula, acromioclavicular (AC) joint or sternoclavicular joint condition suspected?

☒ Yes ☐ No

If yes, complete questions 8b, 8d and 8e below:

b. Does the Veteran have an AC joint condition or any other impairment of the clavicle or scapula?

☒ Yes ☐ No

If yes, indicate severity and side affected, and answer 8c below:

☒ Other, describe: tender

☐ Right ☒ Left ☐ Both

c. Does the clavicle or scapula condition affect range of motion of the shoulder (glenohumeral) joint?

☐ Yes ☒ No

d. Is there tenderness on palpation of the AC joint?

☒ Yes ☐ No

If yes, indicate side: ☐ Right ☒ Left ☐ Both

e. Cross-body adduction test (Passively adduct arm across the patient's body

toward the contralateral shoulder. Pain may indicate acromioclavicular

joint

pathology.)

☐ Positive ☒ Negative ☐ Unable to perform ☐ N/A

9. Conditions or impairments of the humerus

a. Does the Veteran have loss of head (flail shoulder), nonunion (false flail shoulder), or fibrous union of the humerus?

☐ Yes ☒ No

b. Does the Veteran have malunion of the humerus with moderate or marked deformity?

☐ Yes ☒ No

c. Does the humerus condition affect range of motion of the shoulder (glenohumeral) joint?

No response provided

d. Comments, if any:

n/a

10. Surgical procedures

No response provided

11. Other pertinent physical findings, complications, conditions, signs, symptoms and scars

a. Does the Veteran have any other pertinent physical findings, complications, conditions, signs or symptoms related to any conditions listed in the Diagnosis Section above?

☐ Yes ☒ No

b. Does the Veteran have any scars (surgical or otherwise) related to any conditions or to the treatment of any conditions listed in the Diagnosis Section above?

☐ Yes ☒ No

c. Comments, if any:

None

12. Assistive devices

a. Does the Veteran use any assistive devices?

☐ Yes ☒ No

b. If the Veteran uses any assistive devices, specify the condition and identify the assistive device used for each condition:

No response provided

13. Remaining effective function of the extremities

Due to the Veteran's shoulder and/or arm conditions, is there functional impairment of an extremity such that no effective function remains other than that which would be equally well served by an amputation with prosthesis? (Functions of the upper extremity include grasping, manipulation, etc., while functions for the lower extremity include balance and propulsion, etc.)

☐ Yes, functioning is so diminished that amputation with prosthesis would equally serve the Veteran.

☒ No

14. Diagnostic testing

a. Have imaging studies of the shoulder been performed and are the results available?

☒ Yes ☐ No

If yes, is degenerative or traumatic arthritis documented?

☐ Yes ☒ No

b. Are there any other significant diagnostic test findings or results?

☒ Yes ☐ No

If yes, provide type of test or procedure, date and results (brief summary):

Left SHoulder X-Ray done 1/3/2014 @ NY HHS

IMPRESSION: No evidence of acute bone pathology; mild inferior displacement of the humeral head releative to the glenoid cannot

exclude

a joint effusion.

c. If any test results are other than normal, indicate relationship of abnormal

findings to diagnosed conditions:

No response provided

15. Functional impact

Regardless of the Veteran's current employment status, do the condition(s)

listed in the Diagnosis Section impact his or her ability to perform any type of occupational task (such as standing, walking, lifting, sitting, etc.)?

☒ Yes ☐ No

If yes, describe the impact of each of the Veteran's shoulder conditions

providing one or more examples:

Works with logistics. Left shoulder gets painful when he has to keep his left arm/shoulder in one position while typing on the computer

16. Remarks, if any:

CURRENT LEVEL OF SEVERITY:

Current level of Severity for the left shoulder: Severe.

MITCHELL VS SHINSEKI

Any further comments on flare-ups or repetitive motion in so far as fatigue, lack of endurance, increased pain, change in range of motion, weakness, or incoordination, beyond what is listed above, would be speculation.

CORREIA:

QUESTION:

Please address the "Correia" questions found near the bottom of this exam request.

Additional exam request information:

For any joint condition, examiners should test the contralateral joint, unless medically contraindicated, and the examiner should address pain on both passive and active motion, and on both weightbearing and non-weightbearing. In addition to the questions on the DBQ, please respond to the following questions:

1. Is there evidence of pain on passive range of motion testing?
(Yes/No/Cannot be performed or is not medically appropriate)

ANSWER: Yes

2. Is there evidence of pain when the joint is used in non-weight bearing? (Yes/No/Cannot be performed or is not medically appropriate)

ANSWER:Yes

3. If yes, is the opposing joint undamaged (i.e. no abnormalities)?
(Yes/No)

ANSWER: Yes.

/es/ LORELEI S. DAVIDSON, MD
 ATTENDING PHYSICIAN
 Signed: 03/31/2017 18:01

Date/Time:	30 Mar 2017 @ 1556
Note Title:	MH: PSYCHIATRY OPT C&L FOLLOW UP NOTE
Location:	Margaret Cochran Corbin VA Campus
Signed By:	DAVID-QUINES,FELICISIMA M
Co-signed By:	DAVID-QUINES,FELICISIMA M
Date/Time Signed:	30 Mar 2017 @ 1606

Note

LOCAL TITLE: MH: PSYCHIATRY OPT C&L FOLLOW UP NOTE
 STANDARD TITLE: PSYCHIATRY OUTPATIENT NOTE
 DATE OF NOTE: MAR 30, 2017@15:56 ENTRY DATE: MAR 30, 2017@15:56:43
 AUTHOR: DAVID-QUINES,FELICI EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

Started seeing MH PCP Psychologist today.
 Refer note today, March 30,2017.

Trauma stressor related
 Alchol related moo ddisorder
 Anxiety (SCT 48694002) Alcohol abuse (SCT 15167005)
 Lumbago (SCT 279039007) Tinnitus (SCT 60862001)
 Alcoholic liver disease (SCT 41309000) Benign fasciculation-cramp syndrome (SCT
 230652001)
 Hypertension (SCT 38341003) Hyperlipidemia (SCT 55822004)

Active Outpatient Medications (including Supplies):

Non-VA CLONAZEPAM 2MG TAB 10MG BY MOUTH TWICE A DAY ACTIVE
 Non-VA METOPROLOL SUCCINATE 50MG SA TAB 50MG BY MOUTH ACTIVE
 Non-VA PAROXETINE HCL 30MG TAB 15MG BY MOUTH DAILY ACTIVE

Continue individual therapy/medication
 RTC 3 mos/open access

/es/ FELICISIMA M. DAVID-QUINES, MD

ATTENDING PHYSICIAN, MENTAL HEALTH

Signed: 03/30/2017 16:06

Date/Time:	30 Mar 2017 @ 1040
Note Title:	MH: PSYCHOLOGY PC CONSULT NOTE
Location:	Margaret Cochran Corbin VA Campus
Signed By:	BUCKLEY,JULIA ANN
Co-signed By:	BUCKLEY,JULIA ANN
Date/Time Signed:	30 Mar 2017 @ 1245

Note

LOCAL TITLE: MH: PSYCHOLOGY PC CONSULT NOTE

STANDARD TITLE: PSYCHOLOGY CONSULT

DATE OF NOTE: MAR 30, 2017@10:40 ENTRY DATE: MAR 30, 2017@10:41:04

AUTHOR: BUCKLEY,JULIA ANN EXP COSIGNER:

URGENCY: STATUS: COMPLETED

ID: Veteran is a 33 y/o, NSC, Latino, in a relationship, domiciled, employed, male referred to PACT Psychologist for scheduled visit by PCP for evaluation of PTSD.

VETERAN'S CHIEF COMPLAINT: Per prior discussions (see MH Telephone contact note dated 2/28/17), veteran would like to establish MH services within the VA given expenses of seeing non-VA providers.

HISTORY OF PRESENTING PROBLEM: Veteran reported that he has recently connected with SA Psychiatrist Dr. David for psychiatric medication management, but is also interested at this time in engaging in regular therapy sessions. Veteran stated that he has been seeing an outside psychiatrist for ~2 years for the treatment of depression, OCD, and possible PTSD, and tried a few sessions with a

therapist but just continued regular visits with his psychiatrist. Veteran went on to share about the onset of what he described as "compulsive thoughts"

(recurrent, intrusive thoughts/memories of events from his deployment) beginning at the end of 2012 / beginning of 2013. He then described beginning to

experience OCD type sx's with a focus on his breathing, blinking or swallowing, and needing to engage in repetitive behaviors to manage these sx's. Veteran endorsed feeling "really depressed" around this time and stated that his depression and anxiety sx's worsened through/until 2014, around which time he sought out treatment for the first time. Veteran also reported that he was drinking "heavy" during this time period, every day, to help him manage his anxiety. He wasn't working at the time, had problems finding a job, and was

residing with his parents. He is now employed and living with his girlfriend's mother (see functional assessment below for more details).

PAST PSYCHIATRIC HISTORY:

- Admissions: Denied
- Medication: Previously prescribed Prozac, found helpful, took for 6 mos and then d/c'd as he didn't want to have to rely on medications. Sxs returned and worsened. Prescribed clonazepam, which he is currently taking.
- Outpt: Few outpt therapy sessions with non-VA provider.
- Suicide hx: Denied current/recent SI/I/P. Endorsed a h/o SI without intent/plan between 2013-2014. Stated that he would not act on these thoughts due to his son.

ALCOHOL AND SUBSTANCE USE:

- ETOH: Described former/recent h/o heavy alcohol use.
- Nicotine: None reported
- Illicit drugs: None reported
- Prescription drugs: None reported

FUNCTIONAL PSYCHOSOCIAL ASSESSMENT:

- Mood: "Try to keep positive, try to be stable."
- Sleep: "Don't sleep," endorsed problems falling asleep and staying asleep 2/2 anxiety and recurrent intrusive thoughts. Also difficulties related to having a young son
- Appetite/weight: Described a decrease in appetite and interest in eating
- Recreation: Enjoys spending time with his son and reading. Stated he used to be more active and involved in sports. Used to go to the gym
- Employment: Employed in logistics, contractor with the military, described his anxiety sxs as impacting his work
- Housing: Resides with his girlfriend's mother
- Financial: None reported
- Legal: None reported
- Marital: In a relationship, has a 1 y/o son
- Social support: Described close and supportive relationships with his mother and father

MILITARY HISTORY:

Joined Reserves in 2008, activated and deployed to Afghanistan for 13 mo tour between 2011-2012. MOS engineer, drove trucks, spent a lot of time outside the wire

PERTINENT MEDICAL HISTORY (per most recent PCP note): etoh fatty liver, tinnitus, pain in left shoulder

ACTIVE MEDICATIONS:

Active and Recently Expired Outpatient Medications (including Supplies):

Active Non-VA Medications

Status

- 1) Non-VA CLONAZEPAM 2MG TAB 10MG BY MOUTH TWICE A DAY ACTIVE
- 2) Non-VA METOPROLOL SUCCINATE 50MG SA TAB 50MG BY MOUTH ACTIVE
- 3) Non-VA PAROXETINE HCL 30MG TAB 15MG BY MOUTH DAILY ACTIVE

MENTAL STATUS EXAM:

ORIENTATION AND CONSCIOUSNESS:

alert and attentive
oriented x4

APPEARANCE AND BEHAVIOR:

cooperative, pleasant, well-related
grooming appropriate
casually and appropriately dressed
average in height and weight
appeared stated age

SPEECH:

normal rate/rhythm

LANGUAGE:

intact

MOOD AND AFFECT:

mood appeared euthymic
affect is congruent with mood

PERCEPTUAL DISTURBANCE (hallucinations, illusions):

none

THOUGHT PROCESS AND ASSOCIATION:

normal, coherent

THOUGHT CONTENT (delusions, obsessions etc.):

no unusual thought content

SUICIDAL OR VIOLENT IDEATION:

none current SI/I/P or HI/I/P

INSIGHT:

good

JUDGMENT:

good

MEMORY:

intact

SUMMARY/FORMULATION:

Veteran is a 33 y/o, NSC, Latino, in a relationship, domiciled, employed, combat, male referred to PACT Psychologist for scheduled visit by PCP for evaluation of PTSD. Veteran described a h/o anxiety, depression and etoh use beginning in 2012/2013 and worsening in 2014, including sx's of recurrent, intrusive thoughts/memories of events during his deployment, sleep difficulties,

feeling down/depressed, past h/o SI without intent/plan, as well as OCD type thoughts and repetitive behaviors and etoh use, which he described as using as a

means to cope with his sx's. Since 2014, veteran has been followed by a non-VA psychiatrist and reports some overall reduction in sx's, although the sx's persist. There were no indications of any acute safety concerns at the time of this visit that would warrant a higher level of care.

INITIAL DSM-5 DIAGNOSIS:

Trauma/Stressor Related Disorder, unspecified
r/o PTSD
Alcohol Use Disorder, mild-moderate
r/o OCD per history

INITIAL TREATMENT PLAN:

-Continue psychiatric medication per Dr. David
-Agreed to trial of individual psychotherapy in PCMHI. Appt scheduled for 4/11/17 @ 11:00am. Veteran will likely benefit from ongoing, longer-term tx and a referral to the Queens Vet Center was discussed; however, veteran is geographically far from any Queens/LI Vet Center. Also 2/2 his work schedule, requested to try initial tx with this writer in PCMHI first.
-Veteran to contact writer prior to next appt if needed

In addition to this writer's contact information, the following emergent mental health resources were discussed: Veterans Crisis Line: 1-800-273-8255, press 1 (card also provided); 911; local ED

Informed Consent: Information was reviewed with the patient regarding the role and services of the behavioral health provider, documentation procedures, and confidentiality and limits to confidentiality of patient data. Patient willingly agreed to evaluation.

Veteran expressed understanding and is in agreement with the treatment plan.

Visit Duration: 35 mins

MH-Suicide Screen:

SUICIDE SCREEN:

Suicide screening was negative today as pt answered no to all of the following questions:

In the past month have you been:

- Feeling suicidal?
- Wishing you were dead?
- Preoccupied with thoughts of death?

Have you ever made an attempt to kill yourself?

Have you ever been hospitalized for suicidal thoughts or attempts?

Pt to be rescreened in one year or as needed.

Having answered no to all 5 questions, the screening is negative
and a re-screening will be done in one year.

Patient was given contact information for 24/7 access in case of psychiatric crisis, and telephone numbers for suicide prevention hotlines (1-800-273-8255).

/es/ JULIA ANN BUCKLEY, PSYD
 CLINICAL PSYCHOLOGIST
 Signed: 03/30/2017 12:45

Date/Time:	29 Mar 2017 @ 1027
Note Title:	MH: NO SHOW NOTE
Location:	Margaret Cochran Corbin VA Campus
Signed By:	BUCKLEY,JULIA ANN
Co-signed By:	BUCKLEY,JULIA ANN
Date/Time Signed:	29 Mar 2017 @ 1029

Note

LOCAL TITLE: MH: NO SHOW NOTE
 STANDARD TITLE: NO SHOW NOTE
 DATE OF NOTE: MAR 29, 2017@10:27 ENTRY DATE: MAR 29, 2017@10:27:11
 AUTHOR: BUCKLEY,JULIA ANN EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

Veteran was NO SHOW for scheduled PCMHI evaluation which was scheduled for Mar 29,2017.

First contact attempt

An attempt was made to contact the veteran by this provider via telephone and was successful. Veteran apologized for missing the appt and stated that he did not realize the appt was today. He reported that he spoke with someone yesterday who informed him that his only scheduled appt for today was his PCP at

11am (scheduled in system as 9am). Writer offered to meet with him briefly today

either prior to or after his appt - he is planning to be in clinic at 11am - but

veteran declined stating that he is unable to stay 2/2 work schedule. Agreed to meet tomorrow 3/30/17 @ 10am as veteran needs a morning appt.

APPOINTMENT STATUS:

The appointment has been rescheduled.

/es/ JULIA ANN BUCKLEY, PSYD
 CLINICAL PSYCHOLOGIST
 Signed: 03/29/2017 10:29

Date/Time: 22 Mar 2017 @ 1405

Note Title: MH: PSYCHIATRY OPT CONSULT NOTE

Location: Margaret Cochran Corbin VA Campus

Signed By: DAVID-QUINES,FELICISIMA M

Co-signed By: DAVID-QUINES,FELICISIMA M

Date/Time Signed: 22 Mar 2017 @ 1446

Note

LOCAL TITLE: MH: PSYCHIATRY OPT CONSULT NOTE

STANDARD TITLE: PSYCHIATRY OUTPATIENT CONSULT

DATE OF NOTE: MAR 22, 2017@14:05 ENTRY DATE: MAR 22, 2017@14:05:26

AUTHOR: DAVID-QUINES,FELICI EXP COSIGNER:

URGENCY: STATUS: COMPLETED

DEMOGRAPHICS

Age: 33 Gender: MALE Race: WHITE Marital Status: Married.

PSYCHIATRIC HISTORY

Presenting Chief Complaint: anxiety, intermittent tics, alcohol use

History of Present Illness: 33 yr old married Afghanistan Army veteran,still in the Reserve. Was on 13 months surveillance driving searching for IED's and felt he could be blown off and die anytime. Endured day and day out patrols that it started creepin ginto his sleep.Felt he may not survive assignment. Noted poor sleep muscle quivers, unusual breathing. Saw outside psychiatrists upon return to USA for anxiety,ocd , trauma symptom related muscular, somatic symptoms. Recurrent preoccupations with breathing, other somatic symptoms feeling he may choke anytime. Felt he may die anytime. Admitted to frequent alcohol intake during the week to minimize anxiety. Aware of outside diagnosed fatty liver. Sees outside psychiatrist regularly with prescribed medications for anxiety, obsessions about breathing, musche twitches. Scheduled to meet psychologist for individual psychotherpy as suggested by outside treating psychiatrist. On beta blocker, anxiolytic and SSRI.

Past Psychiatric History: Anxiety symptoms Trauma related somatic symptoms On SSRI, anxiolytic antidepressants

SUICIDE SCREEN:

Suicide screening was negative today as pt answered no to all of the following questions:

In the past month have you been:

- Feeling suicidal?
- Wishing you were dead?

- Preoccupied with thoughts of death?
Have you ever made an attempt to kill yourself?
Have you ever been hospitalized for suicidal thoughts or attempts?

Pt to be rescreened in one year or as needed.
Having answered no to all 5 questions, the screening is negative and a re-screening will be done in one year.
Patient was given contact information for 24/7 access in case of psychiatric crisis, and telephone numbers for suicide prevention hotlines (1-800-273-8255).

SUICIDE ASSESSMENT:

IDEATION

Pt displays no evidence of suicidal ideation.

PREVIOUS ATTEMPTS

Patient stated that he/she had made no previous attempts.

IMPULSIVITY

Indications:

ILLNESS

Alcohol Abuse

ACUTE SYMPTOMS

Patient DOES complain of psychic pain.
Patient DOES endorse psychic anxiety.
Patient DOES NOT describe panic symptoms.
Patient DOES complain of insomnia.
Patient DOES evidence obsessionality.
Patient DOES NOT have recent intoxications.
Patient DOES NOT endorse hallucinations.
Patient DOES NOT complain of physical pain.

MEDICATION HISTORY

Reliable adherence

FIREARMS

Firearms ARE NOT available.

ACCESS TO OTHER MEANS

Other means ARE NOT available.

MITIGATING CIRCUMSTANCES

Ethical,religious beliefs
Hopes and plans for future
Beliefs for continued living
Explicit reasons for living
Dependent others
Attitudes (eg Psychic Toughness)
Living with others
Regular contacts with supports
cares and saving for yr old son and wife

CATEGORY OF RISK

CURRENT ACUTE RISK FACTORS

There is no indication of current acute risk factors.

BASELINE/LIMITED RISKS

It is this clinician's opinion that the pt presents limited

baseline risk factors.

The assessment is considered minimal risk.

Intervention and Plan

Contact with family/social support made

Treatment of Underlying Psychiatric Disorder(s)

History of Violence / Assaulting Others: None

Substance Use History: None 2-3 hard drinks few times during the week

Family History of Mental Illness / Substance Abuse: None

MEDICAL INFORMATION/SCREENING/REVIEW OF SYSTEMS

Current Medical Problems/ Review of Systems intermittent muscle spasms, tics

Past Medical Problems: see above

Past Procedures: none 2-3 sticks per day

Current Nicotine and Caffeine Use:

Allergies and Adverse Drug Reactions: nka

*** Does Patient Currently Have A Medical Primary Care Provider? Yes, no further referral needed

*** Urgent Problems Warranting Referral To Er/Walk-In? No

*** Current Significant Pain Problems: No

*** Nutrition Screen: NO CRITERIA MET FOR REFERRAL TO DIETITIAN

Medication Reconciliation for OPT care

OUTPATIENT MEDICATION RECONCILIATION:

Active and Recently Expired Outpatient Medications (excluding Supplies):

Inactive Outpatient Medications	Status
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1) METOPROLOL TARTRATE 25MG TAB TAKE ONE TABLET BY MOUTH EXPIRED TWICE A DAY FOR BLOOD PRESSURE OR HEART	
--	--

Active Non-VA Medications	Status
---------------------------	--------

1) Non-VA CLONAZEPAM 2MG TAB 10MG BY MOUTH TWICE A DAY	ACTIVE
2) Non-VA METOPROLOL SUCCINATE 50MG SA TAB 50MG BY MOUTH	ACTIVE
3) Non-VA PAROXETINE HCL 30MG TAB 15MG BY MOUTH DAILY	ACTIVE

4 Total Medications

CHANGES TO ABOVE LIST (NON-VA MEDS, MEDS NOT BEING TAKEN, ETC.):

None

OTHER CHANGES TO ABOVE LIST:

None

ALLERGY INFORMATION:

Currently recorded allergies:

Patient has answered NKA

No changes to recorded allergies are necessary.

MEDICATION VERIFICATION:

Medications were checked and verified with patient and all available documentation.

AN UPDATED LIST OF ACTIVE MEDICATIONS HAS BEEN PROVIDED TO THE PATIENT.

MENTAL EXAMINATION:

*NEUROLOGICAL

*Muscle strength and Tone: intact

*Gait and Station ambulatory

*APPEARANCE AND BEHAVIOR:

cooperative and reasonable, grooming appropriate

*MOOD AND AFFECT:

Mood is euthymic.

Affect is congruent with mood.

Details:

*PERCEPTUAL DISTURBANCE (hallucinations, illusions):

None

*THOUGHT PROCESS AND ASSOCIATION:

Normal, coherent

*THOUGHT CONTENT (delusions, obsessions etc.):

No unusual thought content

*SPEECH:

Normal rate/rhythm

*LANGUAGE:

intact

*INSIGHT:

good

*JUDGMENT:

good

*ORIENTATION AND CONSCIOUSNESS:

alert and attentive, oriented x3

Details:

*ATTENTION SPAN AND CONCENTRATION:

Intact

*MEMORY:

intact

Details:

*FUND OF KNOWLEDGE

Average

ASSESSMENT OF DANGER TO OTHERS:

No significant risk

INITIAL DSM-5 DIAGNOSIS:

Ongoing screening for ptsd related anxiety, somatic symptoms disorder related to

deployment

Alcohol use, active, self medicating

Axis II Personality Disorders/Traits:

Axis III Current Medical Conditions: lumbago, tinnitus, hypertension, fatty liver, active alcohol use disorder

IV Current Psychosocial Stressors: other: active alcohol use

deployment related residual anxiety,

Initial Treatment Plan: Taper/ detox/alcohol abstinence first,

Ind therapy adjust meds

Extensive psycho ed side effects of alcohol , replacement fo ralcohol

, detox if unsuccessful, adjust medications

Long Term goals Anticipated Duration:6-12 Months

Detox if needed

RTC 1 week/open access

/es/ FELICISIMA M. DAVID-QUINES, MD

ATTENDING PHYSICIAN, MENTAL HEALTH

Signed: 03/22/2017 14:46

Date/Time: 21 Mar 2017 @ 1018

Note Title: MH: ADMINISTRATIVE NOTE

Location: Margaret Cochran Corbin VA Campus

Signed By: BUCKLEY,JULIA ANN

Co-signed By: BUCKLEY,JULIA ANN

Date/Time Signed: 21 Mar 2017 @ 1021

Note

LOCAL TITLE: MH: ADMINISTRATIVE NOTE

STANDARD TITLE: MENTAL HEALTH ADMINISTRATIVE NOTE

DATE OF NOTE: MAR 21, 2017@10:18 ENTRY DATE: MAR 21, 2017@10:19:07

AUTHOR: BUCKLEY,JULIA ANN EXP COSIGNER:

URGENCY: STATUS: COMPLETED

Called and spoke with veteran after he did not arrive to scheduled initial PCMH

visit today 3/21/17 @ 10:00am - please see MH telephone note dated 2/28/17 for details (this appt was incorrectly put into cprs as 3/27/17). Veteran apologized

for missing today's appt, stating that he forgot. No acute concerns were reported.

Agreed to r/s for 3/29/17 @ 10:00am, following his PCP appt at 9am.

/es/ JULIA ANN BUCKLEY, PSYD
CLINICAL PSYCHOLOGIST
Signed: 03/21/2017 10:21

Date/Time:	28 Feb 2017 @ 1532
Note Title:	MH: TELEPHONE CONTACT NOTE
Location:	Margaret Cochran Corbin VA Campus
Signed By:	BUCKLEY,JULIA ANN
Co-signed By:	BUCKLEY,JULIA ANN
Date/Time Signed:	28 Feb 2017 @ 1537

Note

LOCAL TITLE: MH: TELEPHONE CONTACT NOTE
STANDARD TITLE: MENTAL HEALTH TELEPHONE ENCOUNTER NOTE
DATE OF NOTE: FEB 28, 2017@15:32 ENTRY DATE: FEB 28, 2017@15:32:57
AUTHOR: BUCKLEY,JULIA ANN EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Called and spoke with veteran regarding PCMH consult. Veteran was referred by PCP for evaluation of anxiety and possible PTSD; he declined an in-person same day visit today 2/2 his schedule. Veteran was appreciative of the phone call. He

indicated that he has been in treatment with outside, Non-VA MH providers for both medication management and ongoing psychotherapy; however, due to expenses/co-pays he would prefer to be seen at this time within the VA system. Veteran denied any acute safety concerns at the time of this call. An appointment was offered next week, but veteran reported that he is still in the Reserves and will be away until 3/20/17 for military training. Agreed to meet on

3/21/17 @ 10:00am for initial visit. Emergency services were reviewed.

/es/ JULIA ANN BUCKLEY, PSYD
CLINICAL PSYCHOLOGIST
Signed: 02/28/2017 15:37

Date/Time:	28 Feb 2017 @ 1248
Note Title:	NURS: PREVENTIVE HEALTH SCREENING NOTE
Location:	Margaret Cochran Corbin VA Campus
Signed By:	ETIENNE,MARJORIE
Co-signed By:	ETIENNE,MARJORIE
Date/Time Signed:	28 Feb 2017 @ 1254

Note

LOCAL TITLE: NURS: PREVENTIVE HEALTH SCREENING NOTE
STANDARD TITLE: NURSING RISK ASSESSMENT SCREENING NOTE
DATE OF NOTE: FEB 28, 2017@12:48 ENTRY DATE: FEB 28, 2017@12:49:09
AUTHOR: ETIENNE, MARJORIE EXP COSIGNER:
URGENCY: STATUS: COMPLETED

VITAL SIGNS:

Blood pressure: 124/85 (02/28/2017 12:10)
Respiratory rate: 18 (02/28/2017 12:10)
Temperature: 98.5 F [36.9 C] (02/28/2017 12:10)
Pulse: 87 (02/28/2017 12:10)
Weight: 232 lb [105.5 kg] (01/29/2016 14:30)
Height: 72 in [182.9 cm] (01/29/2016 14:30)
Pain: 5 (02/28/2017 12:31)
BMI: BODY MASS INDEX - JAN 29, 2016@14:30:28 31.5

FUNCTIONAL STATUS:

Ambulation:

The patient is able to ambulate without assistance.

Rehab needs:

A consult to PM&R for rehabilitation is not needed.

Lawton Scale not applicable to this pt because pt is under 75 years of age.

Urinary incontinence screening not required as pt is under 75 years of age.

WANDERING POTENTIAL:

The patient is alert and oriented.

PRESSURE ULCER RISK:

Patient is incontinent of urine?

No

Patient is incontinent of stool?

No

Patient is chair or bed bound?

No

Patient has an active pressure ulcer?

No

NUTRITION COUNSELING AND SCREENING:

General dietary issues were discussed with the patient, and the need for further nutritional counseling was evaluated.

No Criteria for Nutritional Consult identified

PATIENT HEALTH EDUCATION:

METHODS/TOOLS USED:

Personal health screening brochure and other materials as needed were given, and the patient was given opportunity for discussion and to ask questions.

Topics covered in educational materials:

ADDITIONAL REFERRALS:

Referred to: Labs next week
MRI of the brain ordered

PLAN: return in one month

Continue health maintenance and education as needed.

Additional plans:

Pneumonia for next visit as per patient choice

EVALUATION:

Patient verbalizes understanding of instructions given, treatment plan, and how to carry out the plan within his lifestyle.

Obesity Screen:

WEIGHT MANAGEMENT TREATMENT OFFERED:

Brief education on the health risks of obesity was provided and treatment was offered to the patient.

The patient declines weight management treatment at this time.

/es/ MARJORIE ETIENNE, RN

REGISTERED NURSE

Signed: 02/28/2017 12:54

Date/Time:	28 Feb 2017 @ 1247
Note Title:	MED: TELEPHONE CONTACT NOTE
Location:	Margaret Cochran Corbin VA Campus
Signed By:	ORBACH,OZZIE
Co-signed By:	ORBACH,OZZIE
Date/Time Signed:	28 Feb 2017 @ 1248

Note

LOCAL TITLE: MED: TELEPHONE CONTACT NOTE

STANDARD TITLE: INTERNAL MEDICINE TELEPHONE ENCOUNTER NOTE

DATE OF NOTE: FEB 28, 2017@12:47 ENTRY DATE: FEB 28, 2017@12:47:28
AUTHOR: ORBACH,OZZIE EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Hepatitis B Antibody Screening

Patient/Surrogate has given verbal consent for Hepatitis B antibody testing. I have discussed and educated patient on Hepatitis B antibody testing.

Hepatitis C screening

Patient/Surrogate has given verbal consent for Hepatitis C testing. I have discussed and educated patient on Hepatitis C testing.

/es/ OZZIE ORBACH, M.D.
Attending Physician, Medical Service
Signed: 02/28/2017 12:48

Date/Time:	28 Feb 2017 @ 1218
Note Title:	MED: PRIMARY CARE OPT NOTE
Location:	Margaret Cochran Corbin VA Campus
Signed By:	ORBACH,OZZIE
Co-signed By:	ORBACH,OZZIE
Date/Time Signed:	28 Feb 2017 @ 1245

Note

LOCAL TITLE: MED: PRIMARY CARE OPT NOTE
STANDARD TITLE: PRIMARY CARE OUTPATIENT NOTE
DATE OF NOTE: FEB 28, 2017@12:18 ENTRY DATE: FEB 28, 2017@12:18:55
AUTHOR: ORBACH,OZZIE EXP COSIGNER:
URGENCY: STATUS: COMPLETED

*** MED: PRIMARY CARE OPT NOTE Has ADDENDA ***

Chief complaint/HPI

"I am here for fu of medical conditions"

PMH:HO ETOH AND SUBSTANCE ABUSE, OCD, HTN, CHOL, faciculations(unknown etiology), tinnitus

ROS:negative with exception of above complaints

CONSTITUTIONAL: denies fevers, chills, sweats and weight changes.

EYES: Denies any visual symptoms.

ENT: No difficulties with hearing. No symptoms of rhinitis or sore throat.

CVS: Denies CP, palpitations, orthopnea and PND.

RESP: No DOE, no wheezing or cough.

GI: No n/v, diarrhea, constipation, abdominal pain, hematochezia or melena.

GU: No urinary hesitancy or dribbling. No nocturia or urinary frequency.

MSK: No myalgias or arthralgias.

NEURO: No chronic headaches, no seizures. Patient denies numbness/weakness.
 ENDO: No excessive urination or excessive thirst.
 DERM: Patient denies any rashes or skin changes.

Active Outpatient Medications (including Supplies):

No Medications Found

Medication reconciliation was completed by reviewing, with the patient's involvement, the patient's current outpatient, non-va medications and those

ordered for the patient today. A current list was given to the patient at the end of the visit. patient told to read package insert on medications and call if any questions

Date	Vital	Measurement	Qualifiers
02/28/2017 12:10	Temp F (C)	98.5 (36.9)	Oral
" "	Pulse	87	Monitor
" "	Respir	18	
" "	BP	124/85	Adult Cuff
" "	Pain	5	
01/29/2016 14:30	Ht in (cm)	72 (182.88)	Actual
" "	Wt lbs (kg)[BMI]	232 (105.23)[32*]	Actual
04/10/2014 14:39	POx (L/Min)(%)	98	Monitor

Physical Exam:

Lungs: clear CV: nsr s1 s2 s m,g,r Abd pos bs benign ext: s cce

Labs: reviewed

Test results were reviewed and discussed with the patient (or appropriate representative) at the time of the visit.

Assessment/Plan: 1. htn-low salt diet; 2. ethoh-dc; pscye and psychology consult; 3 tinnitus-audio and ent; mri of brain; 4 oa-ls-neuro consult; mri of lower back/; 6 left shoulder pain ro rct-mri of shoulder;

30 Minutes spent seeing patient with half of time spent in counselling on Medical conditions

x__ pt given age appropriate information on benefits versus risks of screening

tests for health promotion and disease prevention ; pt to call me if screening desired;
 RTC one month

Alcohol Use Screen:

AUDIT-C administered today:

An alcohol screening test (AUDIT-C) was positive (score=9).

Counseling Required.

1. How often did you have a drink containing alcohol in the past year?

Two to three times per week

2. How many drinks containing alcohol did you have on a typical day when you were drinking in the past year?

7 to 9

3. How often did you have six or more drinks on one occasion in the past year?

Weekly

Brief alcohol counseling:

The patient was advised about recommended limits and to drink below them:

No more than 2 drinks a day on average (14/wk), or 4 drinks on any occasion.

Medical problems associated with alcohol use were reviewed with the patient.

Hypertension, liver disease, psychiatric disorders

Referral for further substance abuse evaluation and motivational counseling was considered.

Patient was referred to ASAP program at St. Albans. Discussed with patient: *the quantity and frequency of alcohol consumed in comparison to national norms; * the negative physical, emotional and occupational consequences of drinking; * and the overall severity of patient's drinking problem.

Allergy update:

Currently recorded allergies:

ALLERGIES: Patient has answered NKA

No changes to recorded allergies are necessary.

Depression Screen:

MDD SCREEN BY PROVIDER

A PHQ-2 screen was performed. The score was 2 which is a negative screen for depression.

1. Little interest or pleasure in doing things

Several days

2. Feeling down, depressed, or hopeless

Several days

Major depression unlikely; further intervention not required.

Homelessness Screening:

In the past 2 months, have you been living in stable housing that you own, rent, or stay in as part of a household? Yes - Living in stable housing.

Are you worried or concerned that in the next 2 months you may NOT have stable housing that you own, rent, or stay in as part of a household?

No - Not worried about housing near future

Lipid Profile - Mod risk (M<45) :

Education provided on lifestyle modifications, with emphasis on the importance of weight loss, decreasing dietary cholesterol and fat intake, and increasing physical activity.

No lipid treatment change is needed based on patient's current status.

Comment: diet

Pain Evaluation:

Most recent pain level 5 (02/28/2017 12:10)

Pain level was incorrect. Pain assessment was repeated.

Current pain level:

5

Pneumovax <65 high risk:

Pneumovax (PPSV23) pneumococcal vaccine ordered.

Psychosocial Inquiry:

Pt answers NO to the question: Is there anything about your home, family, financial, legal, or social situation that is causing problems for you?

PTSD Screen:

A PTSD screening test (PTSD 4Q) was negative (score=2).

1. Have had any nightmares about it or thought about it when you did not want to?

Yes

2. Tried hard not to think about it or went out of your way to avoid situations that remind you of it?

Yes

3. Were constantly on guard, watchful, or easily startled?

No

4. Felt numb or detached from others, activities, or your surroundings?

No

SUICIDE SCREEN

Are you feeling hopeless about the present or the future?

Pt responded 'No'.

Have you had thoughts about taking your life?

Response to question was 'No'.

Do you have a plan to take your life?

Pt denied having a plan to take his/her life.

Have you ever had a suicide attempt?

Pt denied previous suicide attempts.

SUICIDE RISK ASSESSMENT

Results of suicide screen do not indicate the presence of risk factors for suicide.

PROVIDER ASSESSMENT AND PLAN

Non-urgent Mental Health evaluation is indicated.

Patient is not currently in treatment with Mental Health and needs referral for positive PTSD screen.

Patient referred for followup to PC/Mental Health, St.Albans

Campus. Contact information for Mental Health and instructions for accessing emergency services were provided.

Tobacco Screen & Education:

Tobacco use screening for this patient was completed.

Pt reported he has never used tobacco products.

/es/ OZZIE ORBACH, M.D.

Attending Physician, Medical Service

Signed: 02/28/2017 12:45

02/28/2017 ADDENDUM STATUS: COMPLETED

pt had hep a and b shots in service; pt also had dpt shot in 2009; pt denies

other drugs of abuse other than ethoh; warned pt of effects of ethoh and benzodiazapines including risk of respiratory depression and death from combo; pt is living with his girlfriend and his future mother in law. they have one child in common who they are taking care of; he wants to live for this child but sometimes he feels depressed about his situation; pt denies suicidal ideation at this point;

/es/ OZZIE ORBACH, M.D.

Attending Physician, Medical Service

Signed: 02/28/2017 12:59

02/28/2017 ADDENDUM STATUS: COMPLETED

pt was not able to stay longer for more thorough exam;

/es/ OZZIE ORBACH, M.D.

Attending Physician, Medical Service

Signed: 02/28/2017 13:00

Date/Time: 28 Feb 2017 @ 1211

Note Title: NURS: IMMUNIZATION NOTE

Location:	Margaret Cochran Corbin VA Campus
Signed By:	ETIENNE,MARJORIE
Co-signed By:	ETIENNE,MARJORIE
Date/Time Signed:	28 Feb 2017 @ 1212
Note	
<p>LOCAL TITLE: NURS: IMMUNIZATION NOTE STANDARD TITLE: NURSING IMMUNIZATION NOTE DATE OF NOTE: FEB 28, 2017@12:11 ENTRY DATE: FEB 28, 2017@12:11:19 AUTHOR: ETIENNE,MARJORIE EXP COSIGNER: URGENCY: STATUS: COMPLETED</p> <p>A list of prior immunizations was reviewed before any vaccinations were administered.</p> <p>INFLUENZA IMMUNIZATION: Pt report influenza vaccine was given previously at another facility. Date: November 10, 2016 Location: cvs UPSTATE NY</p> <p>/es/ MARJORIE ETIENNE, RN REGISTERED NURSE Signed: 02/28/2017 12:12</p>	

Date/Time:	19 May 2016 @ 1109
Note Title:	MED: TELEPHONE CONTACT NOTE
Location:	Margaret Cochran Corbin VA Campus
Signed By:	DEWEIL,LAWRENCE
Co-signed By:	DEWEIL,LAWRENCE
Date/Time Signed:	19 May 2016 @ 1113
Note	
<p>LOCAL TITLE: MED: TELEPHONE CONTACT NOTE STANDARD TITLE: INTERNAL MEDICINE TELEPHONE ENCOUNTER NOTE DATE OF NOTE: MAY 19, 2016@11:09 ENTRY DATE: MAY 19, 2016@11:09:27 AUTHOR: DEWEIL,LAWRENCE EXP COSIGNER: URGENCY: STATUS: COMPLETED</p> <p>Telephone note -----</p> <p><u>History</u></p> <p>1) Reason for phone call: transamintis/elevated cpk</p>	

2) When started; at least '14

3) Signs and symptoms: none

missed appointments

h/o etoh

Diagnosis

transaminitis

etoh

elevated cpk

Plan of Care

called pt to re-engage w/ care but na; left message

Time

Time spent on this call: 1 min

/es/ LAWRENCE DEWEIL

ATTENDING PHYSICIAN, AMBULATORY CARE BK

Signed: 05/19/2016 11:13

Date/Time:	08 Mar 2016 @ 1400
Note Title:	MH: TELEPHONE CONTACT NOTE
Location:	Margaret Cochran Corbin VA Campus
Signed By:	GALBRAITH,TODD
Co-signed By:	GALBRAITH,TODD
Date/Time Signed:	11 Mar 2016 @ 1457

Note

LOCAL TITLE: MH: TELEPHONE CONTACT NOTE

STANDARD TITLE: MENTAL HEALTH TELEPHONE ENCOUNTER NOTE

DATE OF NOTE: MAR 08, 2016@14:00 ENTRY DATE: MAR 11, 2016@14:53:07

AUTHOR: GALBRAITH,TODD EXP COSIGNER: MAGNOTTI,MELISSA ANN

URGENCY: STATUS: COMPLETED

Tp spoke with the pt and was informed that the pt was unable to commit to regular/weekly individual therapy at the Brooklyn VA and was interested in pursuing treatment at a closer facility. Tp provided the pt with the phone number for the Queens Vet Center and informed the pt to call him back if he had any additional questions or was unable to receive/attend treatment at that

location. Pt was receptive and said he would reach out to the Queens Vet Center.

Pt denied SI/HI and was not in crisis.

/es/ TODD GALBRAITH
PSYCHOLOGY INTERN
Signed: 03/11/2016 14:57

/es/ MELISSA A MAGNOTTI, PHD
CLINICAL PSYCHOLOGIST
Cosigned: 03/11/2016 15:08

Date/Time:	17 Feb 2016 @ 1635
Note Title:	MH: SUBSTANCE ABUSE CONSULT NOTE
Location:	Margaret Cochran Corbin VA Campus
Signed By:	SILVER,JESSICA R
Co-signed By:	SILVER,JESSICA R
Date/Time Signed:	17 Feb 2016 @ 1637

Note

LOCAL TITLE: MH: SUBSTANCE ABUSE CONSULT NOTE
STANDARD TITLE: ADDICTION PSYCHIATRY CONSULT
DATE OF NOTE: FEB 17, 2016@16:35 ENTRY DATE: FEB 17, 2016@16:35:37
AUTHOR: SILVER,JESSICA R EXP COSIGNER: MAGNOTTI,MELISSA ANN
URGENCY: STATUS: COMPLETED

*** MH: SUBSTANCE ABUSE CONSULT NOTE Has ADDENDA ***

25-Minute Primary Care / Substance Abuse Psychology Outpatient Evaluation
Therapist: Jessica Silver Psychology Intern
Supervisor: Melissa Magnotti, Ph.D. (supervisor present for session; case
also discussed in weekly triage meeting with Dr. Magnotti)

Veteran was seen by psychology intern for 25-minute PC/SAP evaluation. Veteran
was 35 mins late to appt. Veteran was informed of the limits of confidentiality
and the examiner's trainee status and verbally consented to the interview
and
assessment. Vet denied suicidal and homicidal ideation. Full report and
recommendations to follow.

MH-Suicide Screen:

SUICIDE SCREEN:

Suicide screening was negative today as pt answered no to all of the
following questions:

In the past month have you been:

- Feeling suicidal? no

- Wishing you were dead? no

- Preoccupied with thoughts of death? no

Have you ever made an attempt to kill yourself? no

Have you ever been hospitalized for suicidal thoughts or attempts? no

Pt to be rescreened in one year or as needed.

Having answered no to all 5 questions, the screening is negative
and a re-screening will be done in one year.

/es/ JESSICA R SILVER

PSYCHOLOGY INTERN

Signed: 02/17/2016 16:37

/es/ MELISSA A MAGNOTTI, PHD

CLINICAL PSYCHOLOGIST

Cosigned: 02/18/2016 08:36

02/18/2016 ADDENDUM

STATUS: COMPLETED

25-Minute Primary Care / Mental Health Outpatient Evaluation

Therapist: Jessica Silver, M.A., Psychology Intern

Supervisor: Melissa Magnotti, Ph.D. (supervisor not present for session; case
discussed in weekly triage meeting with Dr. Magnotti)

Identifying Information/Referral Information:

Pt is a 31 year-old, Hispanic, male Army veteran referred from PACT for a SUDS
evaluation to address his substance use.

Chief Complaint:

" I want to stop drinking "

History of Presenting Problem:

Pt reports that since he returned from Afghanistan in 2012, he has developed
what he describes as "OCD symptoms". He experiences pervasive anxiety
about

aspects of bodily functioning such as being worried he will forget to breathe.

He also experience a preoccupation with trying to blink less and about the
amount of saliva he is producing. Pt reports that he is preoccupied by these
thoughts throughout the day on a daily basis. Pt also reports a long history of
anxiety prior to deployment. Pt was drinking heavily for the past year, but
slowed down considerably in the past 2 months. He reports that he became a
father 3 weeks ago. The mother of the child is a friend of his who accidentally
got pregnant. He reports feeling upset that the mother does not want to have a
romantic relationship with him and has distanced herself from him. This has
caused conflict between them. However, he would like to be a part of his
son's

life. 2 months ago pt started experiencing twitching in all parts of his body.

He had an appt with Neurology for this on 2/17.

Substance Use History:

Pt started drinking at 17 and started drinking heavily on the weekends at age 22. In 2012, after returning from Afghanistan, his drinking escalated. For the past year he has been drinking a bottle of liquor almost every night. 2 months ago he cut down to drinking 3 beers on the weekend. Pt would like to stop drinking. Pt has no history of substance abuse treatment.

Psychiatric History:

Pt denies previous hospitalizations or psychotherapy. He has no past suicide attempts. He saw a psychiatrist for a period of time last year and was taking Prozac for depression and OCD sx's. He reported it was helpful but stopped taking

the medication and seeing the psychiatrist in September because a friend told him it's not healthy to be on medication long term.

History of Violence/Assaulting Others/Incarcerations/Other violations or legal problems/status:
denies

Medical History:

Hypertension, full body twitching, shoulder dislocation. See recent primary care

note dated 1/29/16

Psychosocial Background:

Pt lives alone and currently works as a logistics manager in accounting. He is also going to school to finish his BA in accounting. He reports a good relationship with his parents and his 3 siblings. He also reports having a strong social network. Pt was married for 2 years in 2007 and has no children from this marriage. Pt's first child, a son, was born 3 weeks ago to a female

friend of his who accidentally got pregnant. He is not romantically involved with the mother but plans on co-parenting his son. Information on pt's childhood history was not obtained due to his being 35 mins late for the intake.

Therapist will follow up on this in future appointments.

Military History:

Pt joined the army reserves in 2008 and was deployed to Afghanistan for 1 year 2011-2012. Pt worked as an engineer building roads. He reports being exposed to fire.

Mental Status Exam: Pt is a 31- year old Hispanic, male army veteran who looked his stated age, was well groomed, and dressed appropriately. He was well related

and made good eye contact. His mood was euthymic and his affect was mood congruent and showed a full range. The rate, rhythm, and volume of his speech were within normal limits. Pt's thought process was logical. No memory problems

were evident during intake. Veteran was oriented to person, place, and time.

Insight and judgment appeared fair. Vet denied a/v/h. No delusions were evident.

He denied current suicidal and homicidal ideation.

Diagnostic Impression:

Alcohol Use Disorder

r/o OCD

Summary/Formulation and Recommendations/Plan:

Veteran is struggling with alcohol abuse, anxiety, OCD sxs and involuntary twitching in the context of combat exposure, the recent birth of his son and conflicts with the mother of the child . Pt would like to stop drinking. He is not interested in detox/rehab/ASAP at this time. Psychoeducation, supportive and insight-oriented interventions provided. Pt is interested in short-term psychotherapy with the intern who will be starting this clinical rotation as undersigned is leaving Intern will call pt to set up an appt next week.

/es/ JESSICA R SILVER

PSYCHOLOGY INTERN

Signed: 02/18/2016 13:24

/es/ MELISSA A MAGNOTTI, PHD

CLINICAL PSYCHOLOGIST

Cosigned: 02/18/2016 14:00

Date/Time:	17 Feb 2016 @ 1513
Note Title:	NEURO: OPT CONSULT NOTE
Location:	Margaret Cochran Corbin VA Campus
Signed By:	SCHELL,ROBERT
Co-signed By:	SCHELL,ROBERT
Date/Time Signed:	17 Feb 2016 @ 1651

Note

LOCAL TITLE: NEURO: OPT CONSULT NOTE

STANDARD TITLE: NEUROLOGY OUTPATIENT CONSULT

DATE OF NOTE: FEB 17, 2016@15:13 ENTRY DATE: FEB 17, 2016@15:13:34

AUTHOR: SCHELL,ROBERT EXP COSIGNER:

URGENCY: STATUS: COMPLETED

31 year old man seen regarding possible fasciculations.

About 7 weeks ago he noted twitchy feelings in his skin, over the entire body, even at times his face, but never the tongue. Mainly aware of it when resting.

He is not weak; able to do vigorous gym workouts. No incoordination or focal weakness. No paresthesias. No trouble speaking or eating. Poor sleep.

Not on unusual diet; no supplements; little caffeine; no illegal drugs; takes metoprolol for HTN. No recent heavy drinking, but has used alcohol heavily at times.

He first reported the twitching to primary care about 2 weeks ago. CPK that day

was 2542, two days later 440; he claimed to have been working out.
Recent HIV, TSH and t-4 normal
He admits to lifelong anxiety, but for the past several months it's been
extreme, worst in life, related to conflict with former girlfriend over newborn
son-- she's threatening to deny him contact.
He spoke with a psychologist earlier today and f/u is planned.

Exam alert, coop, very anxious
HR= 80
skin slightly moist
cn's 3,4,6,7, 12 normal
no nystagmus, no INO
no tongue fasciculations
motor- normal tone
fine tremor of outstretched hands
no fasciculations observed
normal strength and bulk
temp and vib sense normal
3+ bj, kj, aj
toes down
gait, Romberg, tandem all normal

Imp anxiety
tremulousness and possible fasciculations
adrenergic, anxiety-related
doubt motor neuron disease

Plan CPK, T-3
advised Mental health f/u
relaxation techniques
rtc one month...consider EMG

/es/ ROBERT SCHELL, M.D.
CHIEF, NEUROLOGY SERVICE
Signed: 02/17/2016 16:51

Date/Time:	02 Feb 2016 @ 1419
Note Title:	MED: TELEPHONE CONTACT NOTE
Location:	Margaret Cochran Corbin VA Campus
Signed By:	DEWEIL,LAWRENCE
Co-signed By:	DEWEIL,LAWRENCE
Date/Time Signed:	02 Feb 2016 @ 1424

Note

LOCAL TITLE: MED: TELEPHONE CONTACT NOTE
STANDARD TITLE: INTERNAL MEDICINE TELEPHONE ENCOUNTER NOTE
DATE OF NOTE: FEB 02, 2016@14:19 ENTRY DATE: FEB 02, 2016@14:19:46

AUTHOR: DEWEIL, LAWRENCE EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Telephone note

History

- 1) Reason for phone call: cpk elevation
- 2) When started; unclear
- 3) Signs and symptoms: none; evaluation of fasciculations included cpk which returned elevated at 2.5k (but was day after heavy w/u)

rpt below

CHOLESTEROL 227 H mg/dl 150 - 200 [6059]
Eval: <200 desirable cholesterol; 200-239 borderline; 240 or greater undesirable!
PROTEIN, TOTAL 7.6 g/dL 6.4 - 8.2 [6059]
ALBUMIN 4.6 g/dL 3.8 - 5.1 [6059]
TOT. BILIRUBIN 0.4 mg/dl .1 - 1.2 [6059]
ALKALINE PHOSPHATASE 69 U/L 42 - 121 [6059]
SGOT 55 H U/L 10 - 42 [6059]
SGPT 84 H U/L 10 - 40 [6059]
CREATINE PHOSPHOKINASE (CPK) 448 H U/L 38 - 174 [6059]

Diagnosis

improved cpk; monitor
stop etoh
f/u lipids after above addressed

Plan of Care

as above
Reviewed discussed and answered all pertinent questions

Time

Time spent on this call: 5 min

/es/ LAWRENCE DEWEIL
ATTENDING PHYSICIAN, AMBULATORY CARE BK
Signed: 02/02/2016 14:24

Note Title: MED: TELEPHONE CONTACT NOTE

Location: Margaret Cochran Corbin VA Campus

Signed By: DEWEIL,LAWRENCE

Co-signed By: DEWEIL,LAWRENCE

Date/Time Signed: 01 Feb 2016 @ 1112

Note

LOCAL TITLE: MED: TELEPHONE CONTACT NOTE
STANDARD TITLE: INTERNAL MEDICINE TELEPHONE ENCOUNTER NOTE
DATE OF NOTE: FEB 01, 2016@11:04 ENTRY DATE: FEB 01, 2016@11:04:24
AUTHOR: DEWEIL,LAWRENCE EXP COSIGNER:
URGENCY: STATUS: COMPLETED

*** MED: TELEPHONE CONTACT NOTE Has ADDENDA ***

Telephone note

History

- 1) Reason for phone call: fasciculations
- 2) When started 2 mon
- 3) Signs and symptoms: fleeting widespread fasciculations w/o wkness or myalgia

cpk returned 2.5k; creat is nl
ast/alt 2x nl w/ ast >alt
states he lifted wts the day before
is drinking etoh over limits

Diagnosis

fasciculation w/ elevated cpk likely benign fasciculations w/ labs drawn day after lifting wts but r/o motor neuron disease; had no exercise since 1/28/16 hence will rpt labs now; f/u neuro

etoh abuse; d/w pt he will f/u w/ asap

Plan of Care

as above
Reviewed discussed and answered all pertinent questions

Time

Time spent on this call: 11 min

Hepatitis C Risk Assessment:

Previous test negative

Pt screened and found to have no risk factors for Hepatitis C since previous negative test.

Positive AUDIT-C followup:

Patient's most recent AUDIT-C score:

Date	Instrument	Raw	Trans	Scale
01/29/2016 15:00	AUDC	7		Total

This patient has been screened for alcohol misuse, and has had an AUDIT-C score of 5 or greater. Brief counseling has been given, but because the patient is at high risk for complications of hazardous drinking, consideration should be given to referral to a substance abuse program.

Patients with an AUDIT-C score of 8 or more are at high risk for current alcohol dependence, and referral should be strongly encouraged.

Referral for substance abuse/motivational counseling considered for positive AUDIT-C score.

Refer to BK Primary Care Substance Abuse Prevention (Psychology)

BP \geq 140/90:

This patient's last blood pressure was elevated: **148/81 (01/29/2016 14:32)**

The patient has not been adherent to antihypertensive meds. This was discussed and the importance of taking the medication was emphasized.

Lipid Profile - Mod risk (M<45) :

Lipid panel ordered.

Comprehensive Metabolic Panel ordered today

/es/ LAWRENCE DEWEIL

ATTENDING PHYSICIAN, AMBULATORY CARE BK

Signed: 02/01/2016 11:12

02/01/2016 ADDENDUM

STATUS: COMPLETED

A review and discussion of test results were provided by phone to the patient (or appropriate representatives), with an opportunity for questions and discussion.

/es/ LAWRENCE DEWEIL

ATTENDING PHYSICIAN, AMBULATORY CARE BK

Signed: 02/01/2016 11:13

Date/Time:	29 Jan 2016 @ 1454
Note Title:	MED: PRIMARY CARE OPT NOTE
Location:	Margaret Cochran Corbin VA Campus
Signed By:	DEWEIL,LAWRENCE
Co-signed By:	DEWEIL,LAWRENCE
Date/Time Signed:	01 Feb 2016 @ 1103

Note

LOCAL TITLE: MED: PRIMARY CARE OPT NOTE
STANDARD TITLE: PRIMARY CARE OUTPATIENT NOTE
DATE OF NOTE: JAN 29, 2016@14:54 ENTRY DATE: JAN 29, 2016@14:54:55
AUTHOR: DEWEIL,LAWRENCE EXP COSIGNER:
URGENCY: STATUS: COMPLETED

oif

cc; fasciculations

hpi

====
excess salivation issue resolve

c/o 2 mon h/o fleeting frequent and widespread muscle twitching w/o
wnkns/paresthesia/drug-stimulant use

ran out of metoprolol

allergies

seasonal allergies

MEDICATIONS

====

metoprolol 25 bid

pmhx

htn

dry eyes

anxiety

recurrent l shoulder dislocation

pshx

none

sohx

Tobacco: -

etoh over limits

drugs -

Review of System

Constitutional: no fever, no chills

Respiratory: no cough, no SOB

GI: no N/V/C/D

GU: no dysuria, no nocturia

Musculoskeletal: no joint swelling

skin: no rash, no petechia, no ecchymosis

Neurologic: no dizziness, no seizure

Endocrine: no polyuria, no polydipsia

psych; no hi/si

fmhx

Crc -

Cad; father mi age 61

Sudden death; -

Pe

--

VITAL SIGNS:

BP: 148/81 (01/29/2016 14:32)

Pulse: 90 (01/29/2016 14:32)

RR: 18 (01/29/2016 14:30)

Temp: 99.1 F [37.3 C] (01/29/2016 14:30)

Weight: 232 lb [105.5 kg] (01/29/2016 14:30)

Height: 72 in [182.9 cm] (01/29/2016 14:30)

BMI: BODY MASS INDEX - JAN 29, 2016@14:30:28 31.5

gen; a+ox3

Skin; no rash

Heent; eomi, perr, nl pharynx nares and tms

neck; no mass

Lungs; clear

Heart rrr-m

Abd; soft nt no hsm

Ext; no edema

Neuro Coordination; nl gait

motor 5/5; no fasciculations seen

2/4 a and b

psych; nl speech and affect

a/p

1. ms

- a) recurrent l shoulder dislocation
- b) r shoulder biceps tendonitis

2. neuro

- a) tbi w/ memory loss; suspect anxiety; complete imaging/labs/neuropsych; was seen by tbi 12/18/13: "A/P 29 year old male with post concussion syndrome, short term memory issue more related to stress and anxiety."
- b) fasciculations; ? benign; labs and f/u w/ neuro

3. cv

- a) htn;goal

4. mh

- a) anxiety w/o hi/si/depression and neg ptsd screen

5. gi

- a) transaminitis; suspect etoh; f/u labs

HIV Labs (Diff AB/Elisa/Rapid)

Patient/Surrogate has given verbal consent for HIV antibody testing. I have discussed and educated patient on HIV antibody testing.

/es/ LAWRENCE DEWEIL

ATTENDING PHYSICIAN, AMBULATORY CARE BK

Signed: 02/01/2016 11:03

Date/Time: 29 Jan 2016 @ 1435

Note Title: PHE: PATIENT HEALTH EDUCATION NOTE

Location: Margaret Cochran Corbin VA Campus

Signed By: WHITE,MICHELLE

Co-signed By: WHITE,MICHELLE

Date/Time Signed: 29 Jan 2016 @ 1447

Note

LOCAL TITLE: PHE: PATIENT HEALTH EDUCATION NOTE

STANDARD TITLE: EDUCATION NOTE

DATE OF NOTE: JAN 29, 2016@14:35 ENTRY DATE: JAN 29, 2016@14:35:33

AUTHOR: WHITE,MICHELLE EXP COSIGNER:

URGENCY: STATUS: COMPLETED

FOR VISIT WITH MD. "I NEED MEDICATION REFILLS AND MY BODY HAS STARTING TWITCHING AND I DON'T KNOW WHY."

INDIVIDUAL EDUCATION:

PERSON(S) TAUGHT:

Patient only.

BARRIERS OR ISSUES THAT MAY AFFECT LEARNING:

Patient has no apparent barriers or issues.

The patient is ready to learn.

PREFERRED LEARNING STYLE:

All (Visual/Listening/Doing)

TOPICS TAUGHT:

Nutrition and diet were discussed.

Specific topic(s): low salt diet

Level of Understanding: Good

The safe and effective use of medications was reviewed.

Specific topic(s): take medication as prescribed

Level of Understanding: Good

The patient's responsibilities in the treatment process; prevention and self-care activities; and smoking cessation, including the importance of avoiding tobacco use, were discussed.

Specific topic(s): healthy diet and exercise

Level of Understanding: Good

METHODS/TOOLS USED:

Discussion: health maintenance

Tobacco Screen & Education:

Tobacco use screening for this patient was completed.

Pt reported he has never used tobacco products.

Depression Screen:

MDD SCREEN BY NURSE

PERFORM DEPRESSION SCREEN

A PHQ-2 screen was performed. The score was 0 which is a negative screen for depression.

1. Little interest or pleasure in doing things

Not at all

2. Feeling down, depressed, or hopeless

Not at all

Depression screen (PHQ-2) negative. Result communicated to patient's

Primary Care provider.

PTSD Screen:

A PTSD screening test (PTSD 4Q) was negative (score=0).

1. Have had any nightmares about it or thought about it when you did not want to?

No

2. Tried hard not to think about it or went out of your way to avoid situations that remind you of it?

No

3. Were constantly on guard, watchful, or easily startled?

No

4. Felt numb or detached from others, activities, or your surroundings?

No

PTSD screen (PC PTSD) negative. Result communicated to patient's Primary Care provider.

Psychosocial Inquiry:

Pt answers NO to the question: Is there anything about your home, family, financial, legal, or social situation that is causing problems for you?

Homelessness Screening:

In the past 2 months, have you been living in stable housing that you own, rent, or stay in as part of a household? Yes - Living in stable housing.

Are you worried or concerned that in the next 2 months you may NOT have stable housing that you own, rent, or stay in as part of a household?

No - Not worried about housing near future

Allergy update:

Currently recorded allergies:

ALLERGIES: Patient has answered NKA

No changes to recorded allergies are necessary.

Obesity Screen:

WEIGHT MANAGEMENT TREATMENT OFFERED:

Brief education on the health risks of obesity was provided and treatment was offered to the patient.

Patient referred to MOVE! Hotline.

/es/ MICHELLE WHITE

LICENSED PRACTICAL NURSE

Signed: 01/29/2016 14:47

Date/Time:	29 Jan 2016 @ 1434
Note Title:	NURS: IMMUNIZATION NOTE
Location:	Margaret Cochran Corbin VA Campus
Signed By:	WHITE,MICHELLE
Co-signed By:	WHITE,MICHELLE
Date/Time Signed:	29 Jan 2016 @ 1435

Note

LOCAL TITLE: NURS: IMMUNIZATION NOTE
STANDARD TITLE: NURSING IMMUNIZATION NOTE
DATE OF NOTE: JAN 29, 2016@14:34 ENTRY DATE: JAN 29, 2016@14:34:57
AUTHOR: WHITE,MICHELLE EXP COSIGNER:
URGENCY: STATUS: COMPLETED

A list of prior immunizations was reviewed before any vaccinations were administered.

INFLUENZA IMMUNIZATION:
Pt report influenza vaccine was given previously at another facility.
Date: November, 2015 ? Exact date is unknown
Location: Military

/es/ MICHELLE WHITE
LICENSED PRACTICAL NURSE
Signed: 01/29/2016 14:35

Date/Time:	29 Jan 2016 @ 1423
Note Title:	NURS: TCM-OEF/OIF CASE MANAGEMENT NOTE
Location:	Margaret Cochran Corbin VA Campus
Signed By:	MILLAR-WILLIAMS,MARVA
Co-signed By:	MILLAR-WILLIAMS,MARVA
Date/Time Signed:	29 Jan 2016 @ 1448

Note

LOCAL TITLE: NURS: TCM-OEF/OIF CASE MANAGEMENT NOTE
STANDARD TITLE: CASE MANAGER NOTE
DATE OF NOTE: JAN 29, 2016@14:23 ENTRY DATE: JAN 29, 2016@14:23:56
AUTHOR: MILLAR-WILLIAMS,MAR EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Mr. Velez came into the OEF/OIF clinic for:
1) Muscle twitching - occurs to all muscles including his face x 1 month.
Twitching is constant lasting a few seconds then subsides. Will continuing with different muscles throughout the day.
2) Metoprolol - ran out one month ago. Was obtaining rx from outside MD.

He had a protein shake this morning and works out daily. He takes protein shakes, amino acids, animal pak vitamins

Alcohol Use Screen:
RNs, LCSWs, Addiction counselors:
SCREENING AND BRIEF COUNSELING
AUDIT-C administered today:
An alcohol screening test (AUDIT-C) was positive (score=7).

Counseling Required.

1. How often did you have a drink containing alcohol in the past year?

Two to four times a month

2. How many drinks containing alcohol did you have on a typical day when you were drinking in the past year?

5 or 6

3. How often did you have six or more drinks on one occasion in the past year?

Weekly

Brief alcohol counseling:

The patient was advised about recommended limits and to drink below them:

No more than 2 drinks a day on average (14/wk), or 4 drinks on any occasion.

Medical problems associated with alcohol use were reviewed with the patient.

Hypertension, CHF, liver disease, seizures, injury, medication interactions, psychiatric disorders, depression

/es/ MARVA MILLAR-WILLIAMS,RN

Registered Nurse

Signed: 01/29/2016 14:48

Date/Time:	28 Jan 2016 @ 1445
Note Title:	NURS: TELEPHONE CONTACT NOTE
Location:	Margaret Cochran Corbin VA Campus
Signed By:	WHITE,MICHELLE
Co-signed By:	WHITE,MICHELLE
Date/Time Signed:	28 Jan 2016 @ 1447

Note

LOCAL TITLE: NURS: TELEPHONE CONTACT NOTE

STANDARD TITLE: NURSING TELEPHONE ENCOUNTER NOTE

DATE OF NOTE: JAN 28, 2016@14:45 ENTRY DATE: JAN 28, 2016@14:45:11

AUTHOR: WHITE,MICHELLE EXP COSIGNER:

URGENCY: STATUS: COMPLETED

Patient was reached by telephone and reminded of upcoming Primary Care visit on Jan 29,2016@15:00

Patient was asked to arrive 30 minutes early to see nurse prior to MD visit.

Patient demographics were verified:

Address: if other than listed

Phone # H: Cell #:

Next of Kin: Phone #:

Means test is due? No

Ordered labs completed?

Has patient seen outside physician since last visit?

Medications: Patient was asked to bring in all medications including VA Rx's, outside Rx's, OTC's, and herbals.(If patient is unsure, add PACT pharmacist as co-signer.)

Social needs identified: ☐ Travel

☐ Financial

☐ Housing

☐ Other

☒ None

(add PACT Social Worker as co-signer)

Special needs identified: ☐ Wheelchair

☐ Oxygen

☐ Comes by Access-A-Ride

☐ Other

☒ None

Patient has forms to be completed?

Clinical Reminders due:

Patient was reminded to bring a list of 3-4 questions/things for discussion with provider.

/es/ MICHELLE WHITE

LICENSED PRACTICAL NURSE

Signed: 01/28/2016 14:47

Date/Time:	25 Nov 2014 @ 0913
Note Title:	CLINIC NO-SHOW/CANCELLATION NOTE
Location:	Bronx NY VAMC
Signed By:	NIEVES,ARLEEN
Co-signed By:	NIEVES,ARLEEN
Date/Time Signed:	25 Nov 2014 @ 0913

Note

LOCAL TITLE: CLINIC NO-SHOW/CANCELLATION NOTE
STANDARD TITLE: PRIMARY CARE ADMINISTRATIVE NOTE
DATE OF NOTE: NOV 25, 2014@09:13 ENTRY DATE: NOV 25, 2014@09:13:12
AUTHOR: NIEVES,ARLEEN EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Patient was a No-Show (did not call or appear for appointment) in the :YES

Patient/Significant other called to cancel appointment:NO

Inpatient Status:NO

Patient Expired :NO

If so,please contact Decedent Affairs ext. 4686

Patient hospitalized at another facility:

Patient moved:NO

Patient does not wish to re-schedule at this time,instructed to call clinic
when ready to reschedule:NO
Comments:

Patient requested not to receive follow up care:NO
Comment:

Patient called Nov 25,2014@09:13

Letter mailed to patient to call and re-schedule missed appointment:YES
Comments:

Patient?s contact info:called patient no answer will mail letter.

GUEVARA,GLADIS MOTHER 44-30 MACNISH STREET APT 2K ELMHURST, NY 11373
(917)783-6380

/es/ ARLEEN LINDSAY, MA.
MEDICAL ASSISTANT
Signed: 11/25/2014 09:13

Date/Time: 26 Jun 2014 @ 1519

Note Title: CLINIC NO-SHOW/CANCELLATION NOTE

Location: Bronx NY VAMC

Signed By: NIEVES,ARLEEN

Co-signed By: NIEVES,ARLEEN

Date/Time Signed: 26 Jun 2014 @ 1520

Note

LOCAL TITLE: CLINIC NO-SHOW/CANCELLATION NOTE
 STANDARD TITLE: PRIMARY CARE ADMINISTRATIVE NOTE
 DATE OF NOTE: JUN 26, 2014@15:19 ENTRY DATE: JUN 26, 2014@15:19:59
 AUTHOR: NIEVES,ARLEEN EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

Patient was a No-Show (did not call or appear for appointment) in the :YES

Patient/Significant other called to cancel appointment:NO

Inpatient Status:NO

Patient Expired :NO

If so,please contact Decedent Affairs ext. 4686

Patient hospitalized at another facility:NO

Patient moved:NO

Patient does not wish to re-schedule at this time,instructed to call clinic
 when ready to reschedule:NO

Comments:

Patient requested not to receive follow up care:NO

Comment:

Letter mailed to patient to call and re-schedule missed appointment:NO
 Comments:Patient called 4x times unable to leave voice message will send letter.

Patient?s contact info:

GUEVARA,GLADIS MOTHER 44-30 MACNISH STREET APT 2K ELMHURST, NY 11373
 (917)783-6380

/es/ ARLEEN LINDSAY, MA.

MEDICAL ASSISTANT

Signed: 06/26/2014 15:20

Date/Time:	17 Jun 2014 @ 1244
Note Title:	TCM-OEF/OIF ADMINISTRATIVE NOTE
Location:	Bronx NY VAMC
Signed By:	FABER,BLANCA V
Co-signed By:	FABER,BLANCA V
Date/Time Signed:	17 Jun 2014 @ 1250

Note

LOCAL TITLE: TCM-OEF/OIF ADMINISTRATIVE NOTE

STANDARD TITLE: OEF/OIF NOTE

DATE OF NOTE: JUN 17, 2014@12:44 ENTRY DATE: JUN 17, 2014@12:44:40

AUTHOR: FABER,BLANCA V EXP COSIGNER:

URGENCY: STATUS: COMPLETED

*** TCM-OEF/OIF ADMINISTRATIVE NOTE Has ADDENDA ***

Outreach call to invite to drop in OEF OIF OND office. VM box not set up yet.

The following letter is being mailed to Veteran:

June 17th, 2014

Mr. Carlos Andres Velez

44-30 Macnish Street, Apt 2K

Elmhurst, NY 11373

Dear Mr. Velez,

On behalf of the staff at the Bronx VAMC, we sincerely Thank You for your Service.

Unfortunately, we have been unable to reach you over the phone. Please know that the Bronx OEF/OIF/OND Team is here to assist with your transition, to help

you access VA healthcare, including primary care and behavioral health, to provide you with information and referrals for VA and other benefits, and to answer any questions you may have about VA.

For this purpose, we would like to invite you to drop-by the OEF/OIF/OND office in room 1C-99, next to the ER, at your earliest convenience, any morning, Monday

- Friday. No appointment is necessary and you will meet with a case manager for initial care coordination.

Remember, as a Combat Veteran you are entitled to 5 years of cost-free VA health care starting with your date of military separation for any conditions

that may be associated with service in the theater of operations. After 5 years, regular Veterans health care eligibility applies.

If you have any questions, please do not hesitate to call us at 718-584-9000 x5872.

Enclosed is our program brochure which outlines Enhanced Combat Veterans Eligibility and other VA information that you may find helpful.

We hope to hear from you soon.

Respectfully,

Blanca V. Faber, LCSW
OEF/OIF/OND Program Manager

TBI Screening:

TRAUMATIC BRAIN INJURY SCREENING

Has the veteran already been diagnosed as having TBI during OIF/OEF deployment?

TBI Screening has been completed previously.

Date: December 24, 2011

Location: MANHATTAN VA

Iraq&Afghan Post-Deployment Screen:

OEF/OIF Post-Deployment Screening has been done at another VA site.

All sections were completed at that site and appropriate evaluation has been initiated.

Location: MANHATTAN VA

Date: December 22, 2013

Results: Adm completed per remote data.

/es/ BLANCA V. FABER

OIF/OEF PROGRAM MANAGER

Signed: 06/17/2014 12:50

06/17/2014 ADDENDUM STATUS: COMPLETED

Dates corrected for reminders above:

TBI Screening:

TRAUMATIC BRAIN INJURY SCREENING

Has the veteran already been diagnosed as having TBI during OIF/OEF deployment?

TBI Screening has been completed previously.

Date: November 22, 2013

Location: MANHATTAN VA

Iraq&Afghan Post-Deployment Screen:

OEF/OIF Post-Deployment Screening has been done at another VA site.

All sections were completed at that site and appropriate evaluation has been initiated.

Location: MANHATTAN VA

Date: November 22, 2013

Results: Adm completed per remote data.

/es/ BLANCA V. FABER

OIF/OEF PROGRAM MANAGER

Signed: 06/17/2014 13:09

Date/Time: 05 May 2014 @ 0841

Note Title: IDN: PACT TELEPHONE CONTACT NOTE

Location: Margaret Cochran Corbin VA Campus

Signed By: MILLAR-WILLIAMS,MARVA

Co-signed By: MILLAR-WILLIAMS,MARVA

Date/Time Signed: 05 May 2014 @ 0843

Note

LOCAL TITLE: IDN: PACT TELEPHONE CONTACT NOTE
STANDARD TITLE: TELEPHONE ENCOUNTER NOTE
DATE OF NOTE: MAY 05, 2014@08:41 ENTRY DATE: MAY 05, 2014@08:41:28
AUTHOR: MILLAR-WILLIAMS,MAR EXP COSIGNER:
URGENCY: STATUS: COMPLETED

*** IDN: PACT TELEPHONE CONTACT NOTE Has ADDENDA ***

Telephone Call from:
Patient to RN

Reason for call:

Veteran was NO SHOW for scheduled OEF/OIF PC appointment
which was scheduled for 4/22/14 2pm, 9W.
Veteran was telephoned and not reached. There was a recording "this voice
mail
is not set up yet".

This missed appointment has not been rescheduled.
A NO SHOW letter was mailed out by the Clerical Associate.

/es/ MARVA MILLAR-WILLIAMS,RN
Registered Nurse
Signed: 05/05/2014 08:43

05/05/2014 ADDENDUM STATUS: COMPLETED
Call was made from:

RN to Patient

/es/ MARVA MILLAR-WILLIAMS,RN
Registered Nurse
Signed: 05/05/2014 13:11

Date/Time:	28 Apr 2014 @ 1520
Note Title:	MH: NO SHOW NOTE
Location:	Margaret Cochran Corbin VA Campus
Signed By:	LEAVITT-LADUCA,JENNIFER A
Co-signed By:	LEAVITT-LADUCA,JENNIFER A
Date/Time Signed:	30 Apr 2014 @ 1525

Note

LOCAL TITLE: MH: NO SHOW NOTE
STANDARD TITLE: NO SHOW NOTE
DATE OF NOTE: APR 28, 2014@15:20 ENTRY DATE: APR 30, 2014@15:20:52
AUTHOR: LEAVITT-LADUCA,JENN EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Veteran was NO SHOW for scheduled Mental Health intake evaluation which was scheduled for Apr 28,2014.

First contact attempt

An attempt was made to contact the veteran by this provider via telephone and, but unsuccessful as the phone number on record was not receiving calls. is

APPOINTMENT STATUS:

The appointment has not been rescheduled.

Letter below mailed:

April 28, 2014

Mr. Carolos Velez
44-30 Macnish Street, Apt 2K
Elmhurst, NY 113373

Dear Mr. Velez

I'm sorry you weren't able to make our appointment today. I wanted to reach out to you by letter, because attempts to get through to your cell phone were unsuccessful. Please feel free to give me a call at any time at 718-836-6600 x4495 if you would like to reschedule your appointment and learn about services available to returning veterans. If our Brooklyn location is not convenient for you, we have VA resources in all five boroughs to which I'd be happy to get

you
connected.

Please know that we hope you are doing well.

Sincerely,

Jennifer Leavitt-LaDuca, Ph.D.
Coordinator
Operations Enduring Freedom, Iraqi Freedom & New Dawn Readjustment Services
Veterans Crisis Hotline 1.800.273.8255

/es/ JENNIFER LEAVITT-LADUCA, PH.D.
CLINICAL PSYCHOLOGIST
Signed: 04/30/2014 15:25

Date/Time:	21 Apr 2014 @ 1319
Note Title:	NURS: TELEPHONE CONTACT NOTE
Location:	Margaret Cochran Corbin VA Campus
Signed By:	SAMAROO,SUEDULARI A
Co-signed By:	SAMAROO,SUEDULARI A
Date/Time Signed:	21 Apr 2014 @ 1321
Note	
<p>LOCAL TITLE: NURS: TELEPHONE CONTACT NOTE STANDARD TITLE: NURSING TELEPHONE ENCOUNTER NOTE DATE OF NOTE: APR 21, 2014@13:19 ENTRY DATE: APR 21, 2014@13:19:17 AUTHOR: SAMAROO,SUEDULARI A EXP COSIGNER: URGENCY: STATUS: COMPLETED</p> <p>Patient was telephone to remind him of upcoming Primary Care visit on 4/22/14 @1:30pm on 9th floor 9w oef/oif. Could not leave a message for patient. Patient phone does not accept calls at this time.</p> <p>/es/ SUEDULARI A SAMAROO, HT HEALTH TECH Signed: 04/21/2014 13:21</p>	

Date/Time:	16 Apr 2014 @ 1327
Note Title:	PM&R: TELEPHONE CONTACT NOTE
Location:	Margaret Cochran Corbin VA Campus
Signed By:	AMINOV,LUIZA
Co-signed By:	AMINOV,LUIZA

Date/Time Signed: 16 Apr 2014 @ 1427

Note

LOCAL TITLE: PM&R: TELEPHONE CONTACT NOTE
STANDARD TITLE: PHYSICAL MEDICINE REHAB TELEPHONE ENCOUNTER NOTE
DATE OF NOTE: APR 16, 2014@13:27 ENTRY DATE: APR 16, 2014@13:28:09
AUTHOR: AMINOV,LUIZA EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Writer attempted to contact Opt to re-schedule OT IE. Opt's phone did not permit writer to leave a voice message. Will continue to follow.

/es/ LUIZA AMINOV MS OTR/L
Occupational Therapist,PM&R
Signed: 04/16/2014 14:27

Date/Time: 14 Apr 2014 @ 1621

Note Title: PM&R: NO SHOW NOTE

Location: Margaret Cochran Corbin VA Campus

Signed By: DIAMOND,SUSAN A

Co-signed By: DIAMOND,SUSAN A

Date/Time Signed: 15 Apr 2014 @ 1208

Note

LOCAL TITLE: PM&R: NO SHOW NOTE
STANDARD TITLE: NO SHOW NOTE
DATE OF NOTE: APR 14, 2014@16:21 ENTRY DATE: APR 14, 2014@16:21:48
AUTHOR: DIAMOND,SUSAN A EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Opt did not show to OT clinic for OT IE. Mr. Velez did not contact OT clinic to reschedule IE.

/es/ SUSAN A DIAMOND, M.S.,OTR/L
OCCUPATIONAL THERAPIST - PM&R
Signed: 04/15/2014 12:08

Date/Time: 14 Apr 2014 @ 1459

Note Title: MH: PSYCHOLOGY CONSULT NOTE

Location: Margaret Cochran Corbin VA Campus

Signed By: LEAVITT-LADUCA,JENNIFER A

Co-signed By: LEAVITT-LADUCA,JENNIFER A

Date/Time Signed: 14 Apr 2014 @ 1501

Note

LOCAL TITLE: MH: PSYCHOLOGY CONSULT NOTE

STANDARD TITLE: PSYCHOLOGY CONSULT

DATE OF NOTE: APR 14, 2014@14:59 ENTRY DATE: APR 14, 2014@15:00:03

AUTHOR: LEAVITT-LADUCA,JENN EXP COSIGNER:

URGENCY: STATUS: COMPLETED

Undersigned phoned pt again and was able to reach him. He denies suicidal or homicidal ideation. Scheduled him to meet with this writer for an evaluation on 4/28/14 at 10:00. Offered pt an earlier appointment, but he says he is going out

of town for two weeks. Reminded him of this writer's contact information.

/es/ JENNIFER LEAVITT-LADUCA, PH.D.

CLINICAL PSYCHOLOGIST

Signed: 04/14/2014 15:01

Date/Time: 11 Apr 2014 @ 1536

Note Title: MH: ADMINISTRATIVE NOTE

Location: Margaret Cochran Corbin VA Campus

Signed By: LEAVITT-LADUCA,JENNIFER A

Co-signed By: LEAVITT-LADUCA,JENNIFER A

Date/Time Signed: 11 Apr 2014 @ 1537

Note

LOCAL TITLE: MH: ADMINISTRATIVE NOTE

STANDARD TITLE: MENTAL HEALTH ADMINISTRATIVE NOTE

DATE OF NOTE: APR 11, 2014@15:36 ENTRY DATE: APR 11, 2014@15:36:56

AUTHOR: LEAVITT-LADUCA,JENN EXP COSIGNER:

URGENCY: STATUS: COMPLETED

Attempted to phone pt in response to consult sent by Dr. Deweil. Pt did not answer the telephone and his voicemail was not set up, so undersigned could not leave a message. Will try him again.

/es/ JENNIFER LEAVITT-LADUCA, PH.D.

CLINICAL PSYCHOLOGIST

Signed: 04/11/2014 15:37

Date/Time: 10 Apr 2014 @ 1511

Note Title: NURS: TCM-OEF/OIF CASE MANAGEMENT NOTE

Location: Margaret Cochran Corbin VA Campus

Signed By: MILLAR-WILLIAMS,MARVA

Co-signed By: MILLAR-WILLIAMS,MARVA

Date/Time Signed:	10 Apr 2014 @ 1515
Note	
<p>LOCAL TITLE: NURS: TCM-OEF/OIF CASE MANAGEMENT NOTE STANDARD TITLE: CASE MANAGER NOTE DATE OF NOTE: APR 10, 2014@15:11 ENTRY DATE: APR 10, 2014@15:11:51 AUTHOR: MILLAR-WILLIAMS,MAR EXP COSIGNER: URGENCY: STATUS: COMPLETED</p> <p>Mr. Velez came into the OEF/OIF clinic for 1) obtain bloodwork orders</p> <p>My HealtheVet Education: The patient has access or uses the internet. The patient already registered for My HealtheVet.</p> <p>/es/ MARVA MILLAR-WILLIAMS,RN Registered Nurse Signed: 04/10/2014 15:15</p>	

Date/Time:	10 Apr 2014 @ 1446
Note Title:	MED: PRIMARY CARE OPT NOTE
Location:	Margaret Cochran Corbin VA Campus
Signed By:	DEWEIL,LAWRENCE
Co-signed By:	DEWEIL,LAWRENCE
Date/Time Signed:	10 Apr 2014 @ 1526
Note	
<p>LOCAL TITLE: MED: PRIMARY CARE OPT NOTE STANDARD TITLE: PRIMARY CARE OUTPATIENT NOTE DATE OF NOTE: APR 10, 2014@14:46 ENTRY DATE: APR 10, 2014@14:47:01 AUTHOR: DEWEIL,LAWRENCE EXP COSIGNER: URGENCY: STATUS: COMPLETED</p> <p>oif</p> <p>cc; transaminititis f/u salivation</p> <p>hpi</p> <hr/> <p>2 mon h/o exessive salivation causing to swallow excessively; mild sore throat but denies dysphagia or odynophagia (the excessive salivation does not appear to</p>	

be a clearance issuse)

He also notes continued anxiety but w/o +ptsd screen or si/hi

No lightheadedness

allergies

seasonal allergies

MEDICATIONS

==

viagra

amlodipine

pmhx

htn

dry eyes

pshx

none

sohx

Tobacco: -

etoh -

drugs -

military

army reserves '08 - present

a) '12 fall left shoulder dislocation

b) htn '08

c) dry eyes

d) '12 memory loss; no head

Review of System

Constitutional: no fever, no chills

Respiratory: no cough, no SOB

GI: no N/V/C/D

GU: no dysuria, no nocturia

Musculoskeletal: no joint swelling

skin: no rash, no petechia, no ecchymosis

Neurologic: no dizziness, no seizure

Endocrine: no polyuria, no polydipsia

psych; no hi/si

fmhx

Crc -

Cad; father mi age 61

Sudden death; -

Pe

--

VITAL SIGNS:

BP: 122/74 (04/10/2014 14:39)

Pulse: 76 (04/10/2014 14:39)

RR: 18 (04/10/2014 14:39)

Temp: 98.6 F [37.0 C] (04/10/2014 14:39)

Weight: 220 lb [100.0 kg] (04/10/2014 14:39)

Height: 72 in [182.9 cm] (01/13/2014 13:28)

BMI: BODY MASS INDEX - APR 10, 2014@14:39:11 29.9

gen; a+ox3

Skin; no rash

Heent; eomi, perr, nl pharynx nares and tms

neck; no mass

Lungs; clear

Heart rrr-m

Abd; soft nt no hsm

Ext; no edema

Neuro Coordination; nl gait

psych; nl speech and affect

a/p

==

1. ms

a) recurrent l shoulder dislocation

b) r shoulder biceps tendonitis

2. neuro

a) tbi w/ memory loss; suspect anxiety; complete imaging/labs/neuropsych; was seen by tbi 12/18/13: "A/P 29 year old male with post concussion syndrome, short term memory issue more related to stress and anxiety."

b) report of chronic head since blast injury; obtain mri

3. cv

a) htn;goal

4. mh

a) anxiety w/ hi/si/depression and neg ptsd screen; pt will do home therapy (exercise/yoga) trial atarax w/ precautions

5. gu

a) ed; suspect psychogenic/etoh; trial viagra;

6. gi

a) transaminitis; suspect etoh; rpt after off etoh; cld w/u

7. ent

a) excessive salivation; ?etiology; will obtain labs; trial w/ atarax for anxiety; trial omeprazole for gerd;

again in 1 week

Hepatitis C Risk Assessment:

No known previous hepatitis C test result

Pt has risk factors for Hepatitis C.

Other

Hepatitis C Testing Indicated:

Hepatitis C antibody Screening

Patient/Surrogate has given verbal consent for Hepatitis C antibody testing. I have discussed and educated patient on Hepatitis C antibody testing.

Lipid Profile - Low risk (M<45) :

The patient has a family history of premature coronary artery disease (male 1st degree relative <55, female <65).

Education provided on lifestyle modifications, with emphasis on the importance of weight loss, decreasing dietary cholesterol and fat intake, and increasing physical activity.

No lipid treatment change is needed based on patient's current status.

Comment: rpt study

HIV Screening :

Patient has given verbal consent for HIV antibody testing, and written educational materials have been provided. An order for an HIV Antibody test has been entered - see orders tab.

/es/ LAWRENCE DE WEIL

ATTENDING PHYSICIAN, AMBULATORY CARE BK

Signed: 04/10/2014 15:26

Date/Time:	09 Apr 2014 @ 1600
Note Title:	PM&R: TELEPHONE CONTACT NOTE
Location:	Margaret Cochran Corbin VA Campus
Signed By:	DIAMOND,SUSAN A
Co-signed By:	DIAMOND,SUSAN A
Date/Time Signed:	09 Apr 2014 @ 1601
Note	

LOCAL TITLE: PM&R: TELEPHONE CONTACT NOTE
STANDARD TITLE: PHYSICAL MEDICINE REHAB TELEPHONE ENCOUNTER NOTE
DATE OF NOTE: APR 09, 2014@16:00 ENTRY DATE: APR 09, 2014@16:00:31
AUTHOR: DIAMOND,SUSAN A EXP COSIGNER:
URGENCY: STATUS: COMPLETED

called outpatient to schedule OT IE. IE scheduled for 4/14 at 11 AM

/es/ SUSAN A DIAMOND, M.S.,OTR/L
OCCUPATIONAL THERAPIST - PM&R
Signed: 04/09/2014 16:01

Date/Time:	08 Apr 2014 @ 1536
Note Title:	NURS: TELEPHONE CONTACT NOTE
Location:	Margaret Cochran Corbin VA Campus
Signed By:	SAMAROO,SUEDULARI A
Co-signed By:	SAMAROO,SUEDULARI A
Date/Time Signed:	08 Apr 2014 @ 1537

Note

LOCAL TITLE: NURS: TELEPHONE CONTACT NOTE
STANDARD TITLE: NURSING TELEPHONE ENCOUNTER NOTE
DATE OF NOTE: APR 08, 2014@15:36 ENTRY DATE: APR 08, 2014@15:36:22
AUTHOR: SAMAROO,SUEDULARI A EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Patient was reached by telephone and reminded of upcoming Primary Care visit on
Apr 10,2014@02:00pm on 9th floor 9w oef/oif

Patient was asked to arrive 15 minutes early to see the nurse prior to MD visit.

Patient demographics were verified:Yes

Address: if other than listed

Phone # H: Cell #:

Next of Kin: Phone #:

Ordered labs completed? No. Patient advised to have blood work completed before
visit date.

Has patient seen outside physician since last visit? No

Medications: Patient was asked to bring in all medications including VA
Rx's,
Outside Rx's, OTC's, and Herbals.(If patient is unsure, add PACT
pharmacist as
co-signer.)

Social needs identified: ☐ Travel
☐ Financial
☐ Housing
☐ Child Care
☐ Other
☒ None
(add PACT Social Worker as co-signer)

Special needs identified: ☐ Wheelchair
☐ Oxygen
☐ Comes by Access-A-Ride
☐ Other
☒ None

Patient has forms to be completed? No

Patient was reminded to bring a list of 3 - 4 questions/things for discussion with provider.

Clinical Reminders due:
(Bring into note here.)

/es/ SUEDULARI A SAMAROO, HT
HEALTH TECH
Signed: 04/08/2014 15:37

Date/Time:	01 Apr 2014 @ 1510
Note Title:	PM&R: ATTENDING NOTE
Location:	Margaret Cochran Corbin VA Campus
Signed By:	CAI,PEITI
Co-signed By:	CAI,PEITI
Date/Time Signed:	01 Apr 2014 @ 1528

Note

LOCAL TITLE: PM&R: ATTENDING NOTE
STANDARD TITLE: PHYSICAL MEDICINE REHAB ATTENDING NOTE
DATE OF NOTE: APR 01, 2014@15:10 ENTRY DATE: APR 01, 2014@15:10:26
AUTHOR: CAI,PEITI EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Chief Complaint: R shoulder pain for a few weeks.

HPI: 30 y/o male with h/o shoulder disloaction b/l, who was referred to rehab clinic for R shoulder pain. He described the pain as sharp in nature, intermittent, localized, worse with lifting activity. Denies neck pain, numbness/tingling/weakness.

Pain Assessment:

Intensity: 5-6/10

Location: R shoulder

Quality: sharp

Duration: intermittent

Alleviating/Aggravating factors: worse w/ lifting activity

Current pain treatment and effectiveness: no

Effects of pain on function/quality of life: yes

ROS: Denies numbness/tingling/weakness.

Family/Social History: lives with family.

Functional Status: I ADLs, I ambulation

Exam:

Gen: AAOx3, NAD

HEENT: NC/AT, PERRLA

C-spine: full ROM, Spurling's - b/l, non-tenderness in c-paraspinals or upper trapez.

Ext:

R shoulder: - Neer/Hawkin's, + Speeds, + long head biceps ttp, MMT 5/5 throughout except L shoulder abduction 5-/5 due to pain,

AROM: full PROM L shoulder.

L shoulder: full ROM, Neer's/Hawkin's/Speed's - . Motor: 5/5

Neuro: no focal deficit

Gait: amb w/o AD

A/P:

30 y/o male with h/o b/l shoulder dislocation c/o R. shoulder pain 2' to bicipital tendinitis.

-OT as below, focusing on teach HEP.

-naproxen prn pain

-RTC prn

Type: OT

Freq: 2x/wk

Duration: 4 weeks

Precaution: safety

Rx: R shoulder ROM/stretching/strengthening program, moist heat prn followed by

myofascial release, stretching and strenthening rotator cuff muscles, Teach HEP with educational materials.

Plan established in collaboration with veteran. Potential risks and benefits explained to veteran. Veteran verbalized understanding of above.

/es/ PEITI CAI,M.D.
ATTENDING PHYSICIAN, PM&R
Signed: 04/01/2014 15:28

Date/Time:	01 Apr 2014 @ 1138
Note Title:	TBI/Polytrauma Rehabilitation/Reintegration Plan of Care
Location:	Margaret Cochran Corbin VA Campus
Signed By:	RACINE,CYNTHIA L
Co-signed By:	RACINE,CYNTHIA L
Date/Time Signed:	01 Apr 2014 @ 1145

Note

LOCAL TITLE: TBI/Polytrauma Rehabilitation/Reintegration Plan of
STANDARD TITLE: TBI TREATMENT PLAN NOTE
DATE OF NOTE: APR 01, 2014@11:38 ENTRY DATE: APR 01, 2014@11:38:37
AUTHOR: RACINE,CYNTHIA L EXP COSIGNER:
URGENCY: STATUS: COMPLETED

*** TBI/Polytrauma Rehabilitation/Reintegration Plan of Care Has ADDENDA ***

Discharge note.

Review date set by social woker from polytrauma plan of care was set for march 2014.
Patient did not complete prescribed OT regimen for shoulder pain. Was a no show.

No other services were ordered.
No new plan of care at this time.

Will reopen should patient require our services.

/es/ Cynthia L Racine MD
STAFF PHYSICIAN
Signed: 04/01/2014 11:45

Receipt Acknowledged By:
04/03/2014 16:10 /es/ VALERIE ABEL, PHD
CLINICAL PSYCHOLOGIST
04/02/2014 15:39 /es/ YUK-YING CHEUNG
PHYSICAL THERAPIST, PACT/POLYTRAUMA SPECIALIST
04/02/2014 09:13 /es/ LEAH FISHELIS
OCCUPATIONAL THERAPIST - PM&R
04/02/2014 09:59 /es/ Milena Ippolito-Micek, MS CCC-Sp

SPEECH PATHOLOGIST

04/03/2014 10:22 /es/ MARVA MILLAR-WILLIAMS,RN
Registered Nurse

04/11/2014 14:04 /es/ CHRISTINA J. TSAKOS, LCSW
OEF/OIF Case Manager

04/11/2014 ADDENDUM STATUS: COMPLETED
Letter sent to veteran advising him that if he would like to follow-up on his OT
treatment for his shoulder pain he can contact this writer.

/es/ CHRISTINA J. TSAKOS, LCSW
OEF/OIF Case Manager
Signed: 04/11/2014 14:05

Date/Time:	13 Jan 2014 @ 1343
Note Title:	MED: PRIMARY CARE OPT NOTE
Location:	Margaret Cochran Corbin VA Campus
Signed By:	DEWEIL,LAWRENCE
Co-signed By:	DEWEIL,LAWRENCE
Date/Time Signed:	14 Jan 2014 @ 1027

Note

LOCAL TITLE: MED: PRIMARY CARE OPT NOTE
STANDARD TITLE: PRIMARY CARE OUTPATIENT NOTE
DATE OF NOTE: JAN 13, 2014@13:43 ENTRY DATE: JAN 13, 2014@13:45:28
AUTHOR: DEWEIL,LAWRENCE EXP COSIGNER:
URGENCY: STATUS: COMPLETED

oif

cc; transaminititis

hpi

pt reports not using etoh in 10 days; suggests that he was over limits;
has not tried viagra
notes mild, momentary lightheadedness when arising from supkne to standing and
sometime seated to standing

allergies

seasonal allergies

MEDICATIONS: reviewed w/ pt
Active Outpatient Medications (including Supplies):

AMLODIPINE BESYLATE 2.5MG TAB TAKE ONE TABLET BY MOUTH ACTIVE

DAILY FOR BLOOD PRESSURE
SILDENAFIL CITRATE (VIAGRA) 100MG TAB TAKE ONE-HALF TABLET ACTIVE
BY MOUTH DAILY AS NEEDED 1 HR BEFORE SEX. DON'T TAKE
MORE THAN ONE DOSE IN 24 HRS.

pmhx

htn

dry eyes

pshx

none

sohx

Tobacco: -

etoh -

drugs -

military

army reserves '08 - present

a) '12 fall left shoulder dislocation

b) htn '08

c) dry eyes

d) '12 memory loss; no head

Review of System

Constitutional: no fever, no chills

Respiratory: no cough, no SOB

GI: no N/V/C/D

GU: no dysuria, no nocturia

Musculoskeletal: no joint swelling

skin: no rash, no petechia, no ecchymosis

Neurologic: no dizziness, no seizure

Endocrine: no polyuria, no polydipsia

psych; no hi/si

fmhx

Crc -

Cad; father mi age 61

Sudden death; -

Pe

--

VITAL SIGNS:

BP: 136/85 (01/13/2014 13:28)
Pulse: 78 (01/13/2014 13:28)
RR: 18 (01/13/2014 13:28)
Temp: 98.3 F [36.8 C] (01/13/2014 13:28)
Weight: 220 lb [100.0 kg] (01/13/2014 13:28)
Height: 72 in [182.9 cm] (01/13/2014 13:28)
BMI: BODY MASS INDEX - JAN 13, 2014@13:28:38 29.9

gen; a+ox3
Skin; no rash
Heent; eomi, perr, nl pharynx nares and tms
Lungs; clear
Heart rrr-m
Abd; soft nt no hsm
Ext; no edema
Neuro Coordination; nl gait
psych; nl speech and affect

a/p

1. ms

a) recurrent l shoulder dislocation; xry/mr; pmr impression: bicipital
tendinosis, deltoid muscle sprain

2. neuro

a) tbi w/ memory loss; suspect anxiety; complete imaging/labs/neuropsych; was
seen by tbi 12/18/13: "A/P 29 year old male with post concussion
syndrome, short term memory issue more related to stress and
anxiety."

b) momentary lightheadedness when assuming erect position; trial off amlodipine

c) report of chronic head since blast injury; obtain mri

3. cv

a) htn; goal orthostatic hypotension; will hold amlodipine and check for
resolution of symptoms and f/u in 1-2wk

4. mh

a) anxiety w/ hi/si/depression and neg ptsd screen; pt will do home therapy
(exercise/yoga)

5. gu

a) ed; suspect psychogenic/etoh; trial viagra;

6. gi

a) transaminitis; suspect etoh; rpt after 10d w/o etoh; cld w/u

/es/ LAWRENCE DE WEIL
ATTENDING PHYSICIAN, AMBULATORY CARE BK
Signed: 01/14/2014 10:27

Date/Time:	13 Jan 2014 @ 1337
Note Title:	NURS: TCM-OEF/OIF CASE MANAGEMENT NOTE
Location:	Margaret Cochran Corbin VA Campus
Signed By:	MILLAR-WILLIAMS,MARVA
Co-signed By:	MILLAR-WILLIAMS,MARVA
Date/Time Signed:	13 Jan 2014 @ 1350

Note

LOCAL TITLE: NURS: TCM-OEF/OIF CASE MANAGEMENT NOTE
STANDARD TITLE: CASE MANAGER NOTE
DATE OF NOTE: JAN 13, 2014@13:37 ENTRY DATE: JAN 13, 2014@13:37:43
AUTHOR: MILLAR-WILLIAMS,MAR EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Mr. Velez came into the OEF/OIF clinic. He c/o:
1) Dizziness - feels dizzy for about 2 hrs sometimes is nausea. On one occasion
it was the whole day. Started 2 wks ago intermittently

/es/ MARVA MILLAR-WILLIAMS,RN
Registered Nurse
Signed: 01/13/2014 13:50

Date/Time:	10 Jan 2014 @ 1400
Note Title:	PM&R: NO SHOW NOTE
Location:	Margaret Cochran Corbin VA Campus
Signed By:	MARCIANO,KATHRYN ANN
Co-signed By:	MARCIANO,KATHRYN ANN
Date/Time Signed:	13 Jan 2014 @ 1413

Note

LOCAL TITLE: PM&R: NO SHOW NOTE
STANDARD TITLE: NO SHOW NOTE
DATE OF NOTE: JAN 10, 2014@14:00 ENTRY DATE: JAN 13, 2014@14:11:43
AUTHOR: MARCIANO,KATHRYN AN EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Pt was scheduled to attend OT for IE today, however pt did not attend
scheduled appt, nor call to cancel. Pt to f/u c PM&R to reschedule should
pt wish to attend OT tx.

/es/ Kathryn Ann Marciano, OT
 Occupational Therapist
 Signed: 01/13/2014 14:13

Date/Time:	10 Jan 2014 @ 1147
Note Title:	NURS: TELEPHONE CONTACT NOTE
Location:	Margaret Cochran Corbin VA Campus
Signed By:	SAMAROO,SUEDULARI A
Co-signed By:	SAMAROO,SUEDULARI A
Date/Time Signed:	10 Jan 2014 @ 1148

Note

LOCAL TITLE: NURS: TELEPHONE CONTACT NOTE
 STANDARD TITLE: NURSING TELEPHONE ENCOUNTER NOTE
 DATE OF NOTE: JAN 10, 2014@11:47 ENTRY DATE: JAN 10, 2014@11:47:32
 AUTHOR: SAMAROO,SUEDULARI A EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

Patient was reached by telephone and reminded of upcoming Primary Care visit on Jan 13,2014@01:30pm on 9th floor 9w oef/oif.

Patient was asked to arrive 15 minutes early to see the nurse prior to MD visit.

Patient demographics were verified:Yes

Address: if other than listed

Phone # H: Cell #:

Next of Kin: Phone #:

Ordered labs completed? No. Patient advised to have blood work completed before visit date.

Has patient seen outside physician since last visit? No

Medications: Patient was asked to bring in all medications including VA Rx's,
 Outside Rx's, OTC's, and Herbals.(If patient is unsure, add PACT pharmacist as co-signer.)

Social needs identified: []Travel

[]Financial

[]Housing

[]Child Care

[]Other

[X]None

(add PACT Social Worker as co-signer)

Special needs identified: []Wheelchair

- ☐ Oxygen
- ☐ Comes by Access-A-Ride
- ☐ Other
- ☒ None

Patient has forms to be completed? No

Patient was reminded to bring a list of 3 - 4 questions/things for discussion with provider.

Clinical Reminders due:
 (Bring into note here.)

/es/ SUEDULARI A SAMAROO, HT
 HEALTH TECH
 Signed: 01/10/2014 11:48

Date/Time:	08 Jan 2014 @ 1156
Note Title:	MED: TELEPHONE CONTACT NOTE
Location:	Margaret Cochran Corbin VA Campus
Signed By:	DEWEIL,LAWRENCE
Co-signed By:	DEWEIL,LAWRENCE
Date/Time Signed:	08 Jan 2014 @ 1158

Note

LOCAL TITLE: MED: TELEPHONE CONTACT NOTE
 STANDARD TITLE: INTERNAL MEDICINE TELEPHONE ENCOUNTER NOTE
 DATE OF NOTE: JAN 08, 2014@11:56 ENTRY DATE: JAN 08, 2014@11:56:40
 AUTHOR: DEWEIL,LAWRENCE EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

A review and discussion of test results were provided by phone to the patient (or appropriate representatives), with an opportunity for questions and discussion.

lft elevated

pt will come to clinic tomorrow for evaluaiton

/es/ LAWRENCE DE WEIL
 ATTENDING PHYSICIAN, AMBULATORY CARE BK
 Signed: 01/08/2014 11:58

Date/Time:	26 Dec 2013 @ 1515
Note Title:	MED: PRIMARY CARE OPT NOTE

Location:	Margaret Cochran Corbin VA Campus
Signed By:	DEWEIL,LAWRENCE
Co-signed By:	DEWEIL,LAWRENCE
Date/Time Signed:	27 Dec 2013 @ 1321
Note	
<p>LOCAL TITLE: MED: PRIMARY CARE OPT NOTE STANDARD TITLE: PRIMARY CARE OUTPATIENT NOTE DATE OF NOTE: DEC 26, 2013@15:15 ENTRY DATE: DEC 26, 2013@15:15:40 AUTHOR: DEWEIL,LAWRENCE EXP COSIGNER: URGENCY: STATUS: COMPLETED</p> <p>oif</p> <p>cc; ed</p> <p>hpi</p> <p>==</p> <p>over past several months, has had less reliable erections; 2 wks ago, noted ed +libido +shaving</p> <p>missed all labs/imaging from prior visit</p> <p>allergies</p> <p>---</p> <p>seasonal allergies</p> <p>meds</p> <p>---</p> <p>metoprolol 25 bid natural tears</p> <p>pmhx</p> <p>---</p> <p>htn dry eyes</p> <p>pshx</p> <p>---</p> <p>none</p> <p>sohx</p> <p>---</p> <p>Tobacco: - etoh - drugs -</p> <p>military</p> <p>---</p>	

army reserves '08 - present

- a) '12 fall left shoulder dislocation
- b) htn '08
- c) dry eyes
- d) '12 memory loss; no head

Review of System

Constitutional: no fever, no chills
Respiratory: no cough, no SOB
GI: no N/V/C/D
GU: no dysuria, no nocturia
Musculoskeletal: no joint swelling
skin: no rash, no petechia, no ecchymosis
Neurologic: no dizziness, no seizure
Endocrine: no polyuria, no polydipsia
psych; no hi/si

fmhx

Crc -

Cad; father mi age 61

Sudden death; -

Pe

--

Vital Signs:

Pulse: 82 (12/26/2013 15:46)

Respiration: 18 (12/26/2013 15:46)

Temperature: 97.9 F [36.6 C] (12/26/2013 15:46)

Pain: 0 (12/26/2013 15:46)

Weight: 220 lb [100.0 kg] (11/22/2013 09:26)

Height: 72 in [182.9 cm] (11/22/2013 09:26)

BP: 133/81 (12/26/2013 15:46)

BODY MASS INDEX - NOV 22, 2013@09:26:01 29.9

gen; a+ox3

Skin; no rash

Heent; eomi, perr, nl pharynx nares and tms

Lungs; clear

Heart rrr-m

Abd; soft nt no hsm

Ext; no edema

Neuro Coordination; nl gait

psych; nl speech and affect

a/p

1. ms

a) recurrent l shoulder dislocation; xry/mr; pmr impression: bicipital tendinosis, deltoid muscle sprain

2. neuro

a) tbi w/ memory loss; suspect anxiety; complete imaging/labs/neuropsych; was seen by tbi 12/18/13: "A/P 29 year old male with post concussion syndrome, short term memory issue more related to stress and anxiety."

3. cv

a) htn; labs; med re-adjustment b/o ed pending labs (taper metoprolol) w/ ultimate rx likely (ace vs thiazide)

4. mh

a) anxiety w/ hi/si/depression and neg ptsd screen; pt will do home therapy (exercise/yoga)

5. gu

a) ed; suspect psychogenic; will begin eval; trial viagra; change bp meds from metoprolol

pt will come 12/30/13 for labs and to pick up amlodipine

Hepatitis C Risk Assessment:

No known previous hepatitis C test result

Pt has risk factors for Hepatitis C.

Pt.s tatoos and or repeated body-piercing was identified as a risk factor for Hepatitis C.

Hepatitis C Testing Indicated:

Verbal consent was obtained from the patient for Hepatitis C anti-bodies testing. I have discussed and educated patient on Hepatitis C antibody testing. Test was ordered today.

Lipid Profile - Low risk (M<45) :

Lipid panel ordered.

HIV Screening :

Patient has given verbal consent for HIV antibody testing, and written educational materials have been provided. An order for an HIV Antibody test has been entered - see orders tab.

Obesity Screen:

BODY MASS INDEX - NOV 22, 2013@09:26:01 29.9

This patient is at risk for weight-related complications, because of a BMI between 25 and 30, and the following associated comorbidities:

Hypertension

WEIGHT MANAGEMENT TREATMENT OFFERED:

Brief education on the health risks of obesity was provided and treatment was offered to the patient.

The patient declines weight management treatment at this time.

/es/ LAWRENCE DE WEIL

ATTENDING PHYSICIAN, AMBULATORY CARE BK

Signed: 12/27/2013 13:21

Date/Time: 23 Dec 2013 @ 1410

Note Title: NURS: TELEPHONE CONTACT NOTE

Location: Margaret Cochran Corbin VA Campus

Signed By: SAMAROO,SUEDULARI A

Co-signed By: SAMAROO,SUEDULARI A

Date/Time Signed: 23 Dec 2013 @ 1412

Note

LOCAL TITLE: NURS: TELEPHONE CONTACT NOTE

STANDARD TITLE: NURSING TELEPHONE ENCOUNTER NOTE

DATE OF NOTE: DEC 23, 2013@14:10 ENTRY DATE: DEC 23, 2013@14:10:41

AUTHOR: SAMAROO,SUEDULARI A EXP COSIGNER:

URGENCY: STATUS: COMPLETED

Patient was telephone to remind him of upcoming Primary Care visit on 12/24/13

@1:00pm on 9th floor 9w oef/oif. Could not leave a message for patient.

voice mail has not been set up.

/es/ SUEDULARI A SAMAROO, HT

HEALTH TECH

Signed: 12/23/2013 14:12

Date/Time: 18 Dec 2013 @ 1503

Note Title: PM&R: POLYTRAUMA/TBI REHAB/REINTEGRATION FOLLOWUP NOTE

Location: Margaret Cochran Corbin VA Campus

Signed By: TSAKOS,CHRISTINA JANE

Co-signed By: TSAKOS,CHRISTINA JANE

Date/Time Signed: 18 Dec 2013 @ 1505

Note

LOCAL TITLE: PM&R: POLYTRAUMA/TBI REHAB/REINTEGRATION FOLLOWUP N

STANDARD TITLE: TBI NOTE

DATE OF NOTE: DEC 18, 2013@15:03 ENTRY DATE: DEC 18, 2013@15:03:22

AUTHOR: TSAKOS,CHRISTINA JA EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Pt was contacted: Spoke with pt,recommendations resulting from
Interdisciplinary team meeting communicated to pt.

Information about the next step(s) in treatment process was communicated to pt:
pt. family not present at this time.

Pt. response: Pt. verbalized understanding of evaluation and agrees with plan
of care.

The patient was mailed a copy of the interdisciplinary care plan on Dec 18,2013.

Pt. offered CM services but declined. Veteran is employed, but interested in a
better position. Employment resources forwarded and veteran added to this
writer's email list of veterans seeking employment.

/es/ CHRISTINA J. TSAKOS, LCSW
OEF/OIF Case Manager
Signed: 12/18/2013 15:05

Date/Time:	17 Dec 2013 @ 1524
Note Title:	TBI/Polytrauma Rehabilitation/Reintegration Plan of Care
Location:	Margaret Cochran Corbin VA Campus
Signed By:	TSAKOS,CHRISTINA JANE
Co-signed By:	TSAKOS,CHRISTINA JANE
Date/Time Signed:	20 Dec 2013 @ 1523

Note

LOCAL TITLE: TBI/Polytrauma Rehabilitation/Reintegration Plan of
STANDARD TITLE: TBI TREATMENT PLAN NOTE
DATE OF NOTE: DEC 17, 2013@15:24 ENTRY DATE: DEC 17, 2013@15:24:51
AUTHOR: TSAKOS,CHRISTINA JA EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Initial Plan of Care
Patient's current Military Status: Veteran

Brief History of injuries:
Veteran reports falling on ice in Afghanistan in 2012, fully geared. Reports
landing on his head and left shoulder. He reports that he felt dizzy and
confused after the fall for a few minutes and pulled from Duty for two weeks,
then returned to full duty.

Current problems:
Forgets some things, but able to function in work and school

Patient and Family Goals:

Veteran reports that he will attempt to manage stressors on his own at this time.

Summary of Interdisciplinary Treatment (IDT) evaluations:

OT appts to be scheduled.

Consults requested and/or follow-up on consults:

OT to be scheduled.

Interdisciplinary Treatment Goals:

OT - stop weight lifting for present, to be seen for OT.

Rehabilitation and Reintegration Plan:

Follow-up with OT dept.

Date of IDT conference with patient and family to review plan: March,2014

Written copy provided: Yes

Family education and support needs:

n/a

Current location/living arrangements:

Veteran lives in Queens, separated from spouse, has a step-daughter.

Current Vocational Status:

Veteran attends school and is employed.

Vocational Rehabilitation Plan:

n/a

Physician responsible for managing the treatment plan:

Dr. Cai

Polytrauma/TBI Case Manager responsible for monitoring implementation:

Christina Tsakos, LCSW

Military Case Manager:

n/a

Plan has been communicated to military: No

Other care coordination information:

n/a

Date care plan will be reviewed: March,2014.

Additional Information:

n/a

/es/ CHRISTINA J. TSAKOS, LCSW

OEF/OIF Case Manager
Signed: 12/20/2013 15:23

Receipt Acknowledged By:
12/23/2013 08:38 /es/ VALERIE ABEL, PHD
CLINICAL PSYCHOLOGIST
* AWAITING SIGNATURE * CAI, PEITI

12/20/2013 15:45 /es/ YUK-YING CHEUNG
PHYSICAL THERAPIST, PACT/POLYTRAUMA SPECIALIST
12/23/2013 09:49 /es/ LEAH FISHELIS
OCCUPATIONAL THERAPIST - PM&R

12/20/2013 15:32 /es/ MARVA MILLAR-WILLIAMS, RN
Registered Nurse

Date/Time:	04 Dec 2013 @ 1230
Note Title:	PM&R: PHYSICIAN TBI OPT INITIAL EVALUATION
Location:	Margaret Cochran Corbin VA Campus
Signed By:	RIOLO, THOMAS
Co-signed By:	RIOLO, THOMAS
Date/Time Signed:	04 Dec 2013 @ 1231

Note

LOCAL TITLE: PM&R: PHYSICIAN TBI OPT INITIAL EVALUATION
STANDARD TITLE: TBI NOTE
DATE OF NOTE: DEC 04, 2013@12:30:16 ENTRY DATE: DEC 04, 2013@12:30:16
AUTHOR: RIOLO, THOMAS EXP COSIGNER: CAI, PEITI
URGENCY: STATUS: COMPLETED

A Was this evaluation furnished by a non-VA provider, e.g., fee basis?
No

1 Current marital status:
Married or partnered

2 Pre-military level of educational achievement:
College graduate (baccalaureate)

3 Current employment status:
Working full-time

4 How many serious OEF/OIF deployment related injuries have occurred?
One

4-A-1 Month of most serious injury:
02

4-A-2 Year of most serious injury:

2012

Cause of Injury:

5-A Bullet:

No

5-B Vehicular:

No

5-C Fall:

Yes, one episode

5-D Blast:

No

5-E Blunt trauma other than from blast/vehicular injury, e.g., assault, blunt force, sports related or object hitting head.

No

6 Did you lose consciousness immediately after any of these experiences?

No

7 Did you have a period of disorientation or confusion immediately following the incident?

Yes, one episode

7-A If yes, estimate the duration of longest period of disorientation or confusion.

Brief, probably less than 30 minutes

8 Did you experience a period of memory loss immediately before or after the incident?

No

9 During this/these experience(s), did an object penetrate your skull/cranium:

No

10 Were you wearing a helmet at the time of most serious injury?

No

11 Were you evacuated from theatre?

Yes, for other medical reasons

12 Prior to this evaluation, had you received any professional treatment (including medications) for your deployment related TBI symptoms?

No

13 Since the time of your deployment related injury/injuries, has anyone told you that you were acting differently?

Yes

14 Prior to your OEF/OIF deployment, did you experience a brain injury or concussion?

No

15 Since your OEF/OIF deployment, have you experienced a brain injury or concussion?

No

Symptoms

16. Please rate the following symptoms with regard to how they have affected you over the last 30 days. Use the following scale (Neurobehavioral Symptom Inventory):

None 0 - Rarely if ever present not a problem at all.

Mild 1 - Occasionally present but it does not disrupt activities, I can usually continue what I am doing; does not really concern me.

Moderate 2 - Often present, occasionally disrupts my activities; I can usually continue what I am doing with some effort; I am somewhat concerned.

Severe 3 - Frequently present and disrupts activities; I can only do things that are fairly simple or take little effort; I feel like I need help.

Very Severe 4 - Almost always present and I have been unable to perform at work, school, or home due to this problem; I probably cannot function without help.

16-A Feeling dizzy: Mild

16-B Loss of balance: Moderate

16-C Poor coordination, clumsy: Moderate

16-D Headaches: Mild

16-E Nausea: None

16-F Vision problems, blurring, trouble seeing: Severe

16-G Sensitivity to light: Severe

16-H Hearing difficulty: Mild

16-I Sensitivity to noise: Mild

16-J Numbness or tingling in parts of my body: Moderate

16-K Change in ability to taste and/or smell: Mild

16-L Loss of appetite or increase appetite: None

16-M Poor concentration, can't pay attention: Moderate

16-N Forgetfulness, can't remember things: Severe

16-O Difficulty making decisions: Moderate

16-P Slowed thinking, difficulty getting organized, can't finish things:
Moderate

16-Q Fatigue, loss of energy, getting tired easily: Severe

16-R Difficulty falling or staying asleep: Severe

16-S Feeling anxious or tense: Severe

16-T Feeling depressed or sad: Moderate

16-U Irritability, easily annoyed: None

16-V Poor frustration tolerance, feeling easily overwhelmed by things:
Mild

17 Overall, in the last 30 days how much did these difficulties (symptoms)
interfere with your life?
Moderately

17-A In what areas of your life are you having difficulties because of these
symptoms?

Social Life: different towards friends now. Memory: Forgets some things,
but
able to function in work and school

18 In the last 30 days, have you had any problems with pain?
Yes

18-A Location of pain: (Check all that apply)
Shoulder(s)

18-B In the last 30 days, how much did pain interfere with your life?
Moderately

18-C In what areas of your life are you having difficulties because of pain?
Reaching overhead, playing basketball

19 Since the time of your deployment related injury/injuries, are your overall
symptoms:
Worse

20 Additional history of present illness, social history, functional history,
patient goals, and other relevant information.

29 year old male who fell in Afghanistan on ice. Patient was fully
geared.

Landed on his head and left shoulder. Patient states shoulder was
"dislocated".

Patient felt dizzy after fall felt confused for a few minutes. Patient was
pulled from Duty for two weeks, then returned to full duty. Patient is a student
in finance, and works full time in LED light distributor. Live with wife and
parents, has a stepdaughter. Patient wishes to complete school and work in

economics, investment firm.

21 Current medications:

Metoprolol, not taking it now

22 Physical Examination:

GEN: NAD, AAOx3, pleasant male

HEENT: NCAT EOMI PERRL no nystagmus

Cn II-XII intact

Gait: Normal, able to tandem and heel walk

MMT

UE	Biceps	Tricep	Deltoid	Grip
----	--------	--------	---------	------

R	5	5	5	5
---	---	---	---	---

L	5	5	5	5
---	---	---	---	---

LE	Ilio	Quad	EHL	DF
----	------	------	-----	----

PF

R	5	5	5	5
---	---	---	---	---

L	5	5	5	5
---	---	---	---	---

Sensation: Intact to LT, Intact sharp touch, Intact vibratory sense, Intact temperature sensation.

DTR: Biceps 2+ Triceps 2+ Brachioradialis 2+ Reflexes Patella 2+ Ankle 1+

UMN Signs: Neg

Dysmetria neg

Dyskinesia neg

Able to perform serial 7 without issue, remembers 3 words 10 minutes later, able to read watch

Empty Can: neg

Drop Arm: neg

Neer's: neg

Hawking's: neg

Cross arm: neg

Resisted Scarf: neg

O'brien's: neg

Apprehension: pos on left

Sulcus sign: neg

Yergason: neg

Speeds: pos on left

Spurling: neg

23 Psychiatric Symptoms:

No

24 SCI:

No

25 Amputation:

None

26 Other significant medical conditions/problems:

No

27 Are the history of the injury and course of clinical symptoms consistent with a diagnosis of TBI sustained during OEF/OIF deployment?

Yes

28 In your clinical judgment the current clinical symptom presentation is most consistent with:

Behavioral Health Conditions (e.g. PTSD, depression, etc.)

29 Follow up plan:

Services will be provided within VA healthcare system

29-A Education:

No

29-B Consult requested with: (Check all that apply)

Occupational Therapy

29-D Electro-diagnostic study (nerve conduction / electromyogram):

No

29-D-1 Electroencephalogram (EEG):

No

29-E Lab:

None

29-F Head CT:

No

29-G Brain MRI:

No

29-H Other Consultation:

No

30 Details of Plan:

A/P 29 year old male with post concussion syndrome, short term memory issues

more related to stress and anxiety. Left shoulder pain 2/2 bicipital tendinosis, deltoid muscle sprain

- OT 1-2X weekly for 4 weeks.

- Patient to stop weight lifting for now

- Patient will try to manage life stress on his own

Therapy prescription:

Type of therapy:OT

Frequency: 2-3x per week

Duration: 4 weeks

Precautions:

Prescription:

Ultrasound 1watt/cm² and E Stim PRN to shoulder girdle, followed by myofascial

release, stabilization excercises, pendulum, gentle stretching, AAROM, rotation, and strengthening of shoulder girdle. Progress to wand, pulley, hand ergometer and theraband excercises as tolerated. Teach HEP.

Plan established in collaboration with veteran. Potential risks and benefits explained to veteran. Veteran verbalized understanding of above.

Patient seen and examined with Supervising Attending Physician, Dr. Cai

/es/ Thomas Riolo, DO
 RESIDENT PHYSICIAN, PM&R
 Signed: 12/04/2013 12:31

/es/ PEITI CAI, M.D.
 ATTENDING PHYSICIAN, PM&R
 Cosigned: 12/05/2013 13:54

Date/Time:	22 Nov 2013 @ 1031
Note Title:	NURS: IMMUNIZATION NOTE
Location:	Margaret Cochran Corbin VA Campus
Signed By:	MILLAR-WILLIAMS, MARVA
Co-signed By:	MILLAR-WILLIAMS, MARVA
Date/Time Signed:	22 Nov 2013 @ 1034

Note

LOCAL TITLE: NURS: IMMUNIZATION NOTE
 STANDARD TITLE: NURSING IMMUNIZATION NOTE
 DATE OF NOTE: NOV 22, 2013@10:31 ENTRY DATE: NOV 22, 2013@10:31:14
 AUTHOR: MILLAR-WILLIAMS, MAR EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

A list of prior immunizations was reviewed before any vaccinations were administered.

INFLUENZA IMMUNIZATION:
 Influenza vaccine 0.5 ml IM given today, Left deltoid.

The patient was given a copy of the 2013-2014 version of the CDC's "KEY FACTS ABOUT SEASONAL INFLUENZA (FLU)" fact sheet and was verbally counseled. The patient verbalized an understanding of the risks and benefits of the vaccine and gave verbal consent. Clinical review was done and pt had no contraindications such as h/o allergies to chicken eggs.

Vaccine given was manufactured by Novartis CSL Limited CSL

Biotherapies.

Lot # R54207 expiring 6/30/2014.

/es/ MARVA MILLAR-WILLIAMS,RN

Registered Nurse

Signed: 11/22/2013 10:34

Date/Time:	22 Nov 2013 @ 1013
Note Title:	NURS: TCM-OEF/OIF CASE MANAGEMENT NOTE
Location:	Margaret Cochran Corbin VA Campus
Signed By:	MILLAR-WILLIAMS,MARVA
Co-signed By:	MILLAR-WILLIAMS,MARVA
Date/Time Signed:	22 Nov 2013 @ 1044

Note

LOCAL TITLE: NURS: TCM-OEF/OIF CASE MANAGEMENT NOTE

STANDARD TITLE: CASE MANAGER NOTE

DATE OF NOTE: NOV 22, 2013@10:13 ENTRY DATE: NOV 22, 2013@10:13:57

AUTHOR: MILLAR-WILLIAMS,MAR EXP COSIGNER:

URGENCY: STATUS: COMPLETED

Mr. Velez came into the OEF/OIF/OND clinic for his first routine physical assessment. He reports:

- 1) Left shoulder pain - fell on shoulder 2/12 in Afghanistan and had profile x x weeks. Reports it pops out. Last time when playing basketball 1 month ago it popped out.
- 2) Dry eyes - since returned 11/12 from Afghanistan and always use eye drops.

Allergies

NKA

Meds

Metropolol 25 bid

PMH

see above

HTN

Memory Issues

PSH

None

Tobacco

Na

Family Hx

Mother - DM on insulin

Father - MI

Psych Hx

Na

Exposures

Sand storms, dust storms, burn pits, burning trash, burning feces, combat smoke, insect bites.

+TBI 1st level. He reports 2/12 he fell on his left shoulder in Afghanistan. Denies LOC, but experienced being dazed. He now reports he has memory issues. Reports he had profile for 2 wks. He c/o left shoulder pain and reports shoulder frequently pops out of place with activity. Appt for TBI 2nd level scheduled for 12/26/13 9am 2nd fl, PM&R.

He was in the Army Reserves 12/08 - Present. He deployed:

1) 11/11 - 11/12 Kandahar, Afghanistan, MOS: 12Whiskey (Engineer). They build outpost and other structures and roads.

He lives in Elmhurst, Queens and is separated from his wife. He has a 9 y/o step-daughter. They are working on their marital issues. He works as a Sales Manager at a Lighting Company. He attends Queens College majoring in Physical Therapy Assistant utilizing the Post 9/11 GI Bill.

TBI Screening:

TRAUMATIC BRAIN INJURY SCREENING

Has the veteran already been diagnosed as having TBI during OIF/OEF deployment?

No

Section 1: The veteran experienced the following events during OIF/OEF deployment:

Fall

Section 2: The veteran had the following symptoms immediately afterwards:

Being dazed, confused or "seeing stars"

Section 3: The veteran states the following problems began or got worse afterwards:

Memory problems or lapses
Sleep problems

Section 4: The veteran relates he/she is currently having or has had the following symptoms within the past week:

Memory problems or lapses

Sensitivity to bright light

Positive screen. Results of TBI Screen discussed with patient.

Consult for further evaluation discussed with the patient and the patient agrees. Consult order entered.

Iraq&Afghan Post-Deployment Screen:

A PTSD screening test (PTSD 4Q) was negative (score=1).

1. Have had any nightmares about it or thought about it when you did not want to?

No

2. Tried hard not to think about it or went out of your way to avoid situations that remind you of it?

Yes

3. Were constantly on guard, watchful, or easily startled?

No

4. Felt numb or detached from others, activities, or your surroundings?

No

PROVIDER ASSESSMENT AND PLAN

The results of the PC-PTSD screen have been reviewed and the patient assessed, based on which the following plan will be implemented:

PTSD unlikely; further intervention not required.

2. SCREEN FOR DEPRESSION

A PHQ-2 screen was performed. The score was 0 which is a negative screen for depression.

1. Little interest or pleasure in doing things

Not at all

2. Feeling down, depressed, or hopeless

Not at all

Major depression unlikely; further intervention not required.

SCREEN FOR ALCOHOL (AUDIT-C)

An alcohol screening test (AUDIT-C) was negative (score=3).

1. How often did you have a drink containing alcohol in the past year?

Two to four times a month

2. How many drinks containing alcohol did you have on a typical day when you were drinking in the past year?

1 or 2

3. How often did you have six or more drinks on one occasion in the past year?

Less than monthly

SCREEN FOR GI SYMPTOMS

The patient reports no GI symptoms.

SCREEN FOR FEVER

The patient reports no unexplained fevers.

SCREEN FOR SKIN RASH/LESIONS

The patient reports no persistent skin rash.

SCREEN FOR EMBEDDED FRAGMENTS

The patient reports no embedded fragments.

Military Sexual Trauma Screen:

Patient denies experiencing MST in the past.

Veteran is not suicidal or homicidal.

Homelessness Screening:

In the past 2 months, have you been living in stable housing that you own, rent, or stay in as part of a household? Yes - Living in stable housing.

Are you worried or concerned that in the next 2 months you may NOT have stable housing that you own, rent, or stay in as part of a household?

No - Not worried about housing near future

Tobacco Screen & Education:

Tobacco use screening for this patient was completed.

Pt reported he has never used tobacco products.

Rabies Screening:

The veteran has been deployed in Iraq or Afghanistan within the last 18 months.

There has been no apparent high-risk contact, and thus no elevated risk of rabies. Further evaluation/vaccination is unnecessary.

Record Language Preference:

The patient prefers to receive health information in the following language:

English

Psychosocial Inquiry:

Pt answers NO to the question: Is there anything about your home, family, financial, legal, or social situation that is causing problems for you?

My HealtheVet Education:

The patient has access or uses the internet.

The patient is not registered for My HealtheVet.
The patient was educated on the availability and features of My HealtheVet and given handouts on how to access it and how to get the IPA process completed.

Comment: Encouraged to register and pamphlet given.

Preventive Health Screen:

VITAL SIGNS:

Blood pressure: 127/88 (11/22/2013 09:26)
Respiratory rate: 18 (11/22/2013 09:26)
Temperature: 98.2 F [36.8 C] (11/22/2013 09:26)
Pulse: 78 (11/22/2013 09:26)
Weight: 220 lb [100.0 kg] (11/22/2013 09:26)
Height: 72 in [182.9 cm] (11/22/2013 09:26)
Pain: 0 (11/22/2013 09:26)
BMI: BODY MASS INDEX - NOV 22, 2013@09:26:01 29.9

FUNCTIONAL STATUS:

Ambulation:

The patient is able to ambulate without assistance.

Rehab needs:

A consult to PM&R for rehabilitation is needed. The patient will be referred to his primary care provider with this recommendation.

Lawton Scale not applicable to this pt because pt is under 75 years of age.

Urinary incontinence screening not required as pt is under 75 years of age.

WANDERING POTENTIAL:

The patient is alert and oriented.

NUTRITION COUNSELING AND SCREENING:

General dietary issues were discussed with the patient, and the need for further nutritional counseling was evaluated.

No Criteria for Nutritional Consult identified

PATIENT HEALTH EDUCATION:

PERSON(S) TAUGHT:

Patient only.

PATIENT'S EDUCATIONAL NEEDS:

abnormal lab values, advance directives, habilitation or rehabilitation, how to obtain further treatment, medications - safe and effective use, oral health and hygiene, pain management, patient responsibilities in the treatment process, plan of care

(disease process, treatment, services available), prevention, safety, basic health practices, and health promotion, VA and community resourcesOther:

READINESS TO LEARN

Pt appears ready to learn.

BARRIERS OR ISSUES THAT MAY AFFECT LEARNING:

Patient has no apparent barriers or issues.

TOPICS TAUGHT:

Nutrition and diet were discussed.

Specific topic(s): dit and exercise

Level of Understanding: Good

Available VA and community resources were reviewed and discussed.

Education provided: TBI clinic, Bloodwork, radiology

Level of Understanding: Good

METHODS/TOOLS USED:

Personal health screening brochure and other materials as needed were given, and the patient was given opportunity for discussion and to ask questions.

Topics covered in educational materials:

Advance directives , Alcohol use , Blood pressure , Cholesterol , Domestic violence , Immunizations, Nutrition , Pain management , Physical activity , Safer sex , Safety, including seatbelt use , Tobacco use , Weight control

PLAN:

Continue health maintenance and education as needed.

/es/ MARVA MILLAR-WILLIAMS,RN

Registered Nurse

Signed: 11/22/2013 10:44

Date/Time:	22 Nov 2013 @ 0938
Note Title:	MED: PRIMARY CARE OPT NOTE
Location:	Margaret Cochran Corbin VA Campus
Signed By:	DEWEIL,LAWRENCE
Co-signed By:	DEWEIL,LAWRENCE
Date/Time Signed:	22 Nov 2013 @ 1144

Note

LOCAL TITLE: MED: PRIMARY CARE OPT NOTE
 STANDARD TITLE: PRIMARY CARE OUTPATIENT NOTE
 DATE OF NOTE: NOV 22, 2013@09:38 ENTRY DATE: NOV 22, 2013@09:38:27
 AUTHOR: DEWEIL,LAWRENCE EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

oif

cc; I shoulder pain
memory loss

hpi

fell from standing position in combat '12; I shoulder dislocation and dazed
for a
few minutes; since, recurrent I shoulder dislocation; also w/ perceived short
term memory loss but no ha no focal symptoms; does not anxiety but denies
ptsd/depression

allergies

seasonal allergies

meds

metoprolol 25 bid
natural tears

pmhx

htn
dry eyes

pshx

none

sohx

Tobacco: -
etoh -
drugs -

military

army reserves '08 - present

- a) '12 fall left shoulder dislocation
- b) htn '08
- c) dry eyes
- d) '12 memory loss; no head

Review of System

Constitutional: no fever, no chills
Respiratory: no cough, no SOB
GI: no N/V/C/D

GU: no dysuria, no nocturia
Musculoskeletal: no joint swelling
skin: no rash, no petechia, no ecchymosis
Neurologic: no dizziness, no seizure
Endocrine: no polyuria, no polydipsia
psych; no hi/si

fmhx

Crc -

Cad; father mi age 61

Sudden death; -

Pe

--

VITAL SIGNS:

BP: 127/88 (11/22/2013 09:26)

Pulse: 78 (11/22/2013 09:26)

RR: 18 (11/22/2013 09:26)

Temp: 98.2 F [36.8 C] (11/22/2013 09:26)

Weight: 220 lb [100.0 kg] (11/22/2013 09:26)

Height: 72 in [182.9 cm] (11/22/2013 09:26)

BMI: BODY MASS INDEX - NOV 22, 2013@09:26:01 29.9

gen; a+ox3

Skin; no rash

Heent; eomi, perr, nl fundi, nl pharynx nares and tms

Lungs; clear

Heart rrr-m

Abd; soft nt no hsm

Ext; no edema

Neuro Coordination; nl gait

psych; nl speech and affect

a/p

==

1. ms

a) recurrent l shoulder dislocation; xry/mr

2. neuro

a) tbi w/ memory loss; suspect anxiety; will obtain imaging/labs/tbi and neuropsych testing

3. cv

a) htn; labs; consider med re-adjustment (ace vs thiazide)

4. mh

a) anxiety w/ hi/si/depression and neg ptsd screen; pt will do home therapy (exercise/yoga)

again in 2 wk

Tetanus Diphtheria (TD-Adult):

Patient indicates TD-adult has been administered previously at this facility or elsewhere.

Date: January 2, 2008

Hepatitis C Risk Assessment:

No known previous hepatitis C test result

Pt has risk factors for Hepatitis C.

Other

Allergy update:

Currently recorded allergies:

ALLERGIES: No Allergy Assessment

No changes to recorded allergies are necessary.

Lipid Profile - Low risk (M<45) :

Lipid panel ordered.

HIV Screening :

Patient has given verbal consent for HIV antibody testing, and written educational materials have been provided. An order for an HIV Antibody test has been entered - see orders tab.

/es/ LAWRENCE DE WEIL

ATTENDING PHYSICIAN, AMBULATORY CARE BK

Signed: 11/22/2013 11:44

Date/Time:	21 Nov 2013 @ 1336
Note Title:	NURS: TELEPHONE CONTACT NOTE
Location:	Margaret Cochran Corbin VA Campus
Signed By:	SAMAROO,SUEDULARI A
Co-signed By:	SAMAROO,SUEDULARI A
Date/Time Signed:	21 Nov 2013 @ 1338

Note

LOCAL TITLE: NURS: TELEPHONE CONTACT NOTE

STANDARD TITLE: NURSING TELEPHONE ENCOUNTER NOTE

DATE OF NOTE: NOV 21, 2013@13:36 ENTRY DATE: NOV 21, 2013@13:36:24

AUTHOR: SAMAROO,SUEDULARI A EXP COSIGNER:

URGENCY: STATUS: COMPLETED

Patient was telephone to remind him of upcoming Primary Care visit on 11/22/13 @8:30am on 9th floor 9w oef/oif. A message was left on patient answering machine with appointment info and contact number @1:38pm.

/es/ SUEDULARI A SAMAROO, HT

HEALTH TECH

Signed: 11/21/2013 13:38

Date/Time:	25 Oct 2013 @ 1356
Note Title:	NURS: TELEPHONE CONTACT NOTE
Location:	Margaret Cochran Corbin VA Campus
Signed By:	SAMAROO,SUEDULARI A
Co-signed By:	SAMAROO,SUEDULARI A
Date/Time Signed:	25 Oct 2013 @ 1358

Note

LOCAL TITLE: NURS: TELEPHONE CONTACT NOTE
STANDARD TITLE: NURSING TELEPHONE ENCOUNTER NOTE
DATE OF NOTE: OCT 25, 2013@13:56 ENTRY DATE: OCT 25, 2013@13:56:36
AUTHOR: SAMAROO,SUEDULARI A EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Patient was telephone to remind him of upcoming Primary Care visit on 10/28/13
@1:30pm on 9th floor 9w oef/oif. A message was left on patient answering machine
with appointment info and contact number @1:56pm.

/es/ SUEDULARI A SAMAROO, HT
HEALTH TECH
Signed: 10/25/2013 13:58

Self Reported Medical Events

Source: Self-Entered
No information was available that matched your selection.

VA Immunizations/Vaccinations

Source:	VA
Last Updated:	
Your VA immunizations/vaccinations list may not be complete. If you have questions about your vaccinations, contact your VA health care team.	

This section shows your five most recent vaccination records.	
Sorted By:	Date Received (Descending)

Immunization	Date Received
INFLUENZA, HIGH-DOSE, TRIVALENT, PF	Nov 2017
INFLUENZA, SPLIT VIRUS, TRIVALENT, PF	10 Nov 2016 @ 1200
INFLUENZA, SPLIT VIRUS, TRIVALENT, PRESERVATIVE	10 Nov 2016 @ 1200
INFLUENZA, UNSPECIFIED FORMULATION	Nov 2015
FLU,3 YRS (HISTORICAL)	22 Nov 2013 @ 0830

This section shows all the vaccinations listed in your official VA health record, grouped by vaccination.	
Sorted By:	Immunization Name, then Date (Descending)

Immunization:	FLU,3 YRS (HISTORICAL)	Date Received:	22 Nov 2013 @ 0830
Location:	BYN PD NURSING		
Reaction:*	None Reported		
Comments:	--		

Immunization:	INFLUENZA(NYH) (HISTORICAL)	Date Received:	22 Nov 2013 @ 0830
Location:	BYN PD NURSING		
Reaction:*	None Reported		
Comments:	--		

Immunization:	INFLUENZA, HIGH-DOSE, TRIVALENT, PF	Date Received:	Nov 2017
Location:	W.G. HEFNER SALISBURY VAMC		
Reaction:*	None Reported		
Comments:	--		

Immunization:	INFLUENZA, SPLIT VIRUS, TRIVALENT, PF	Date Received:	10 Nov 2016 @ 1200
Location:	NEW YORK HHS		
Reaction:*	None Reported		
Comments:	--		

--	--	--	--

Immunization:	INFLUENZA, SPLIT VIRUS, TRIVALENT, PRESERVATIVE	Date Received:	10 Nov 2016 @ 1200
Location:	NEW YORK HHS		
Reaction:*	None Reported		
Comments:	--		

Immunization:	INFLUENZA, UNSPECIFIED FORMULATION	Date Received:	Nov 2015
Location:	NEW YORK HHS		
Reaction:*	None Reported		
Comments:	--		

Immunization:	TD(ADULT) UNSPECIFIED FORMULATION	Date Received:	02 Jan 2008 @ 1200
Location:	NEW YORK HHS		
Reaction:*	None Reported		
Comments:	--		

Reaction Key: * = Check your VA Allergies and Adverse Reactions record as well as your Self-Reported Allergies in My HealtheVet. This may show an adverse reaction to a vaccination you received. If you have questions about your vaccinations, contact your VA health care team.

Self Reported Immunizations

Source: Self-Entered
No information was available that matched your selection.

VA Laboratory Results

Source:	VA
Last Updated:	26 Feb 2025 @ 0956
Sorted By:	Date Specimen Collected (Descending) then Time Specimen Collected
<p>VA test results are generally available to you 36 hours after the results are finalized. COVID-19 test results are available to you immediately after the results are finalized. When you review your test results, please remember that not all test results outside the reference range are clinically significant. You may be seeing a test result before your provider. Your provider will be reviewing your test results and may contact you with additional information. If you have questions, please call or message your provider or team.</p> <p>If you would like to talk to a mental health provider, please call your local facility for same day services (Same-Day Healthcare Services Search - VA Access to Care). If you are in crisis, please contact the Veterans Crisis Line for confidential intervention and support 24 hours a day, seven days a week, 365 days a year at 988 and Press 1, chat online at VeteransCrisisLine.net/Chat, or send a message to 838255.</p>	

Lab Test:		Hepatitis C Ab~ADVIA CENTAUR			
Lab Type:		Chemistry/Hematology	Ordering Provider:		RUDD, DAVID
Specimen:		Serum (substance)	Ordering Location:		SOUTH CHARLOTTE VA CLINIC
Date/Time Collected:		17 Jul 2018 @ 1436	Collected Location:		SOUTH CHARLOTTE VA CLINIC
Test Name	Result	Units	Reference Range	Status	Performing Location
HEPATITIS C ANTIBODY	Negative	--	(Negative)	Final	W.G. HEFNER SALISBURY VAMC 1601 BRENNER AVE. , SALISBURY, NC 28144-2515
Interpretation:	View when results alert...must be set in CPRS when ordering this test! INTERPRETATION: Interpretive CHART posted in CPRS Tools menu. Pathway= Tools>CPRS Ordering Practices>HCV REPORTING TABLE				
Comments:		--			
Performing Location Name/Address:					
W.G. HEFNER SALISBURY VAMC 1601 BRENNER AVE. , SALISBURY, NC 28144-2515					

Lab Test:	Urinalysis Chemical w micr Manual~CLINITEK ATLAS				
Lab Type:	Chemistry/Hematology	Ordering Provider:	DEWEIL, LAWRENCE		
Specimen:	Urine (substance)	Ordering Location:	VA NEW YORK HARBOR HEALTHCARE SYSTEM -		

					BROOKLYN DIVISION
Date/Time Collected: 01 Feb 2016 @ 1243				Collected Location:	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION
Test Name	Result	Units	Reference Range	Status	Performing Location
APPEARANCE	CLEAR	--	(CLEAR)	Final	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104
URINE COLOR	YELLOW	--	(YELLOW)	Final	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104
URINE SPECIFIC GRAVITY	1.008	--	(1.001-1.030)	Final	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104
URINE BLOOD	NEGATIVE	--	(Neg.)	Final	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104
URINE BILIRUBIN	NEGATIVE	--	(Neg.)	Final	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN

DIVISION 800
POLY PLACE ,
BROOKLYN, NY
11209-7104

URINE KETONES NEGATIVE -- (Neg.) Final

VA NEW YORK
HARBOR
HEALTHCARE
SYSTEM -
BROOKLYN
DIVISION 800
POLY PLACE ,
BROOKLYN, NY
11209-7104

URINE GLUCOSE NEGATIVE mg/dl (Neg.) Final

VA NEW YORK
HARBOR
HEALTHCARE
SYSTEM -
BROOKLYN
DIVISION 800
POLY PLACE ,
BROOKLYN, NY
11209-7104

URINE PROTEIN NEGATIVE mg/dl (Neg.) Final

VA NEW YORK
HARBOR
HEALTHCARE
SYSTEM -
BROOKLYN
DIVISION 800
POLY PLACE ,
BROOKLYN, NY
11209-7104

URINE PH 7.5 -- (4.5-8.0) Final

VA NEW YORK
HARBOR
HEALTHCARE
SYSTEM -
BROOKLYN
DIVISION 800
POLY PLACE ,
BROOKLYN, NY
11209-7104

NITRITE, URINE NEGATIVE -- (Neg.) Final

VA NEW YORK
HARBOR
HEALTHCARE
SYSTEM -
BROOKLYN
DIVISION 800
POLY PLACE ,
BROOKLYN, NY
11209-7104

LEUKOCYTE
ESTERASE, URINE NEGATIVE -- (Neg.) Final

VA NEW YORK
HARBOR

					HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104
UROBILINOGEN	0.2	EU	(0.2-1)	Final	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104
Comments: --					
Performing Location Name/Address:					
VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104					

Lab Test:		Myoglobin Urine			
Lab Type:		Chemistry/Hematology			Ordering Provider:
Specimen:		Urine (substance)			DEWEIL, LAWRENCE
Date/Time Collected:		01 Feb 2016 @ 1243			Ordering Location:
					VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION
					Collected Location:
					VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION
Test Name	Result	Units	Reference Range	Status	Performing Location
MYOGLOBIN, URINARY	<2	ng/ml	(0-5)	Final	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104
Interpretation:		**Before 6/21/04 reference range for urinary myoglobulin was 0-28 ug/L**			
Comments:		LABCORP BURLINGTON, 1447 YORK COURT, BURLINGTON, NC 27215-3361			

Performing Location Name/Address:

VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104

Lab Test:		HCV Panel Interp			
Lab Type:		Chemistry/Hematology		Ordering Provider:	DEWEIL, LAWRENCE
Specimen:		Plasma (substance)		Ordering Location:	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION
Date/Time Collected:		01 Feb 2016 @ 1243		Collected Location:	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION
Test Name	Result	Units	Reference Range	Status	Performing Location
HEPATITIS C ANTIBODY RIBA (BX)	--	--		Pending	BRONX VA HOSPITAL 130 W. KINGSBRIDGE ROAD , Bronx, NY 10468-3904
Interpretation:	HCV RIBA is not done if Hepatitis C Ab (ELISA) is NEGATIVE. HCV RIBA is not done if HCV Qualitative is POSITIVE.				
HEPATITIS C AB (BRONX)	Negative	NEG/POS	(NEGNEG)	Final	BRONX VA HOSPITAL 130 W. KINGSBRIDGE ROAD , Bronx, NY 10468-3904
Interpretation:	Draw Pearl White Top Tube				
Comments:	<p>Please refer to Standard Reporting Terminology. Test interpretation table is located in "Forms" under "Tools" tab.</p> <p>As of 11/20/2013, the dynamic range of this assay is 15 IU/mL-100,000,000 IU/mL. If the result falls outside of the range, the report will indicate</p> <p><15 IU/mL or >100,000,000 IU/mL. <15 IU/mL is considered negative.</p> <p>HCV QUANT BY REAL TIME PCR (TaqMan) procedure is a FDA approved Assay. It's performance characteristics were validated by James J Peters</p> <p>VA Molecular Diagnostics Laboratory.</p> <p>As per CDC recommendation, the signal-to-cut-off ratio is used as an alternative to HCV quantitative viral load to provide a reliable result</p> <p>reflecting a person's true antibody status. For the Abbott Architect Chemiluminescent Microparticle Immunoassay (CMIA) method, reflex</p>				

supplemental testing of screening test positive results can be limited to those with S/CO ratios <5.
Performing Location Name/Address: BRONX VA HOSPITAL 130 W. KINGSBRIDGE ROAD , Bronx, NY 10468-3904

Lab Test:	Myoglobin Serum				
Lab Type:	Chemistry/Hematology			Ordering Provider:	DEWEIL, LAWRENCE
Specimen:	Serum (substance)			Ordering Location:	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION
Date/Time Collected:	01 Feb 2016 @ 1243			Collected Location:	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION
Test Name	Result	Units	Reference Range	Status	Performing Location
MYOGLOBIN, SERUM	51	ng/mL	(28-72)	Final	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104
Interpretation:	Prior to November 3, 2008 referecnce range was 0-50ng/mL ***Effective 11/3/2008 the reference interval Female: 25-58ng/mL Male: 28-72ng/mL				
Comments:	TEST PERFORMED BY LAB CORP, RARITAN,NJ 08869				
Performing Location Name/Address:	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104				

Lab Test:	Aldolase				
Lab Type:	Chemistry/Hematology			Ordering Provider:	DEWEIL, LAWRENCE
Specimen:	Serum (substance)			Ordering Location:	VA NEW YORK HARBOR HEALTHCARE

					SYSTEM - BROOKLYN DIVISION
Date/Time Collected: 01 Feb 2016 @ 1243				Collected Location:	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION
Test Name	Result	Units	Reference Range	Status	Performing Location
ALDOLASE	10.4 High	U/L	(1.2-7.6)	Final	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104
Comments: TEST PERFORMED BY LAB CORP, RARITAN,NJ 08869					
Performing Location Name/Address: VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104					

Lab Test:		Lipid Panel			
Lab Type:		Chemistry/Hematology		Ordering Provider:	DEWEIL, LAWRENCE
Specimen:		Serum (substance)		Ordering Location:	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION
Date/Time Collected:		01 Feb 2016 @ 1243		Collected Location:	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION
Test Name	Result	Units	Reference Range	Status	Performing Location
CHOLESTEROL	227 High	mg/dl	(150-200)	Final	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800

POLY PLACE ,
BROOKLYN, NY
11209-7104

Interpretation: <200 desirable cholesterol; 200-239 borderline; 240 or greater undesirable!

TRIGLYCERIDE	214 High	mg/dl	(35-160)	Final	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104
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HDL	39.0	mg/dl	(35-60)	Final	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104
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Interpretation: HDL values <40 are associated with an increased risk for coronary disease;
HDL values >60 are considered beneficial.

LDL	145 High	mg/dl	(<129)	Final	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104
-----	----------	-------	--------	-------	---

Interpretation: *** Calculated LDL value is not valid if triglyceride level is >=400 ***

Comments: --

Performing Location Name/Address:

VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY
11209-7104

Lab Test:	Creatine Kinase (CK)		
Lab Type:	Chemistry/Hematology	Ordering Provider:	DEWEIL, LAWRENCE
Specimen:	Serum (substance)	Ordering Location:	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION
Date/Time Collected:	01 Feb 2016 @ 1243	Collected Location:	VA NEW YORK HARBOR

				HEALTHCARE SYSTEM - BROOKLYN DIVISION	
Test Name	Result	Units	Reference Range	Status	Performing Location
CREATINE PHOSPHOKINASE (CPK)	448 High	U/L	(38-174)	Final	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104
Interpretation: Before 9/23/96, reference range was 1-70 IU/L.					
Comments: --					
Performing Location Name/Address:					
VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104					

Lab Test:		Comprehensive Met Panel			
Lab Type:		Chemistry/Hematology		Ordering Provider:	DEWEIL, LAWRENCE
Specimen:		Serum (substance)		Ordering Location:	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION
Date/Time Collected:		01 Feb 2016 @ 1243		Collected Location:	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION
Test Name	Result	Units	Reference Range	Status	Performing Location
GLUCOSE	104	mg/dl	(65-115)	Final	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104
UREA NITROGEN	14	mg/dl	(6-22)	Final	VA NEW YORK HARBOR HEALTHCARE

					SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104
CREATININE	1.0	mg/dl	(0.4-1.2)	Final	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104
Interpretation:	****Reference range prior to 3/28/06 was: 0.7-1.4mg/dl.****				
SODIUM	142	mmol/L	(135-145)	Final	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104
POTASSIUM	5.0	mmol/L	(3.5-5.0)	Final	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104
CHLORIDE	104	mmol/L	(100-110)	Final	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104
CO2	30.0	mmol/L	(24-32)	Final	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800

					POLY PLACE , BROOKLYN, NY 11209-7104
CALCIUM	9.5	mg/dl	(8.4-10.2)	Final	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104
PROTEIN, TOTAL	7.6	g/dL	(6.4-8.2)	Final	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104
ALBUMIN	4.6	g/dL	(3.8-5.1)	Final	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104
TOT. BILIRUBIN	0.4	mg/dl	(.1-1.2)	Final	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104
ALKALINE PHOSPHATASE	69	U/L	(42-121)	Final	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104
SGOT	55 High	U/L	(10-42)	Final	VA NEW YORK HARBOR HEALTHCARE

SYSTEM -
BROOKLYN
DIVISION 800
POLY PLACE ,
BROOKLYN, NY
11209-7104

SGPT 84 High U/L (10-40) Final

VA NEW YORK
HARBOR
HEALTHCARE
SYSTEM -
BROOKLYN
DIVISION 800
POLY PLACE ,
BROOKLYN, NY
11209-7104

ANION GAP 8 mmol/L (3-11) Final

VA NEW YORK
HARBOR
HEALTHCARE
SYSTEM -
BROOKLYN
DIVISION 800
POLY PLACE ,
BROOKLYN, NY
11209-7104

EGFR 93 ml/min (>60) Final

VA NEW YORK
HARBOR
HEALTHCARE
SYSTEM -
BROOKLYN
DIVISION 800
POLY PLACE ,
BROOKLYN, NY
11209-7104

Interpretation: eGFR results >60 are imprecise. Many variables affect calculated eGFR.
Interpretation of eGFR results >60 ml/min/1.73sqm must be monitored over time.

Comments: --

Performing Location Name/Address:

VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY
11209-7104

Lab Test: Sedimentation Rate

Lab Type: Chemistry/Hematology

Ordering
Provider: DEWEIL,
LAWRENCE

Specimen: Blood (substance)

Ordering
Location: VA NEW YORK
HARBOR
HEALTHCARE
SYSTEM -
BROOKLYN
DIVISION

Date/Time Collected: 29 Jan 2016 @ 1516				Collected Location:	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION
Test Name	Result	Units	Reference Range	Status	Performing Location
ESR(BK)	3	mm/hr.	(0-15)	Final	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104
Comments: --					
Performing Location Name/Address: VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104					

Lab Test: Thyroxine Free (FT4)					
Lab Type: Chemistry/Hematology				Ordering Provider:	DEWEIL, LAWRENCE
Specimen: Serum (substance)				Ordering Location:	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION
Date/Time Collected: 29 Jan 2016 @ 1516				Collected Location:	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION
Test Name	Result	Units	Reference Range	Status	Performing Location
FREE T-4	0.95	ng/dl	(0.8-2.7)	Final	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104
Comments: --					
Performing Location Name/Address:					

VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104

Lab Test:		Thyroid Stimulating Hormone			
Lab Type:		Chemistry/Hematology		Ordering Provider:	DEWEIL, LAWRENCE
Specimen:		Serum (substance)		Ordering Location:	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION
Date/Time Collected:		29 Jan 2016 @ 1516		Collected Location:	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION
Test Name	Result	Units	Reference Range	Status	Performing Location
TSH-BK	1.056	uIU/ml	(0.350-5.500)	Final	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104
Interpretation:		Prior to 12/15/05 reference range was 0.47-6.9 uIU/ml			
Comments:		--			
Performing Location Name/Address:					
VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104					

Lab Test: Hemogram V			
Lab Type: Chemistry/Hematology		Ordering Provider:	DEWEIL, LAWRENCE
Specimen: Blood (substance)		Ordering Location:	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION
Date/Time Collected: 29 Jan 2016 @ 1516		Collected Location:	VA NEW YORK HARBOR HEALTHCARE

					SYSTEM - BROOKLYN DIVISION
Test Name	Result	Units	Reference Range	Status	Performing Location
WBC	7.78	/uL	(4.5-11.0)	Final	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104
Interpretation:	CAP requires the laboratory to state "Absolute WBC values should be relied upon for evaluation of WBC populations. Relative WBC differential values are provided strictly for clinician consideration."				
RBC	5.40	/uL	(4.5-6)	Final	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104
HEMOGLOBIN	15.4	g/dL	(13-18)	Final	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104
HCT	45.7	%	(40-52)	Final	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104
MCV	84.6	fL	(80-95)	Final	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE ,

					BROOKLYN, NY 11209-7104
MCH	28.5	pg	(27-33)	Final	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104
MCHC	33.7	g/dL	(32-36)	Final	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104
RDW	12.3	%	(11.5-14.5)	Final	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104
PLT	243	K/cmm	(150-450)	Final	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104
MPV	11.4 High	fL	(7.5-10.5)	Final	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104
LYMPHOCYTE% (AUTO)	24.7	%	(20-50)	Final	VA NEW YORK HARBOR HEALTHCARE SYSTEM -

BROOKLYN
DIVISION 800
POLY PLACE ,
BROOKLYN, NY
11209-7104

MONOCYTE%(AUTO) 6 % (2-12) Final

VA NEW YORK
HARBOR
HEALTHCARE
SYSTEM -
BROOKLYN
DIVISION 800
POLY PLACE ,
BROOKLYN, NY
11209-7104

GRANULOCYTE%
(AUTO) 67.3 % (42-75) Final

VA NEW YORK
HARBOR
HEALTHCARE
SYSTEM -
BROOKLYN
DIVISION 800
POLY PLACE ,
BROOKLYN, NY
11209-7104

MONOCYTE(AUTO) 0.47 K/cmm (.1-.6) Final

VA NEW YORK
HARBOR
HEALTHCARE
SYSTEM -
BROOKLYN
DIVISION 800
POLY PLACE ,
BROOKLYN, NY
11209-7104

LYMPHOCYTE
(AUTO) 1.92 K/cmm (1.2-3.5) Final

VA NEW YORK
HARBOR
HEALTHCARE
SYSTEM -
BROOKLYN
DIVISION 800
POLY PLACE ,
BROOKLYN, NY
11209-7104

GRANULOCYTE
(AUTO) 5.24 K/cmm (1.5-7.5) Final

VA NEW YORK
HARBOR
HEALTHCARE
SYSTEM -
BROOKLYN
DIVISION 800
POLY PLACE ,
BROOKLYN, NY
11209-7104

BASOPHIL (AUTO) 0.02 K/cmm (0.0-0.2) Final

VA NEW YORK

					HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104
EOSINOPHIL (AUTO)	0.13	K/cmm	(0.0-0.7)	Final	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104
EOSINOPHIL% (AUTO)	1.7	%	(0-7)	Final	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104
BASOPHIL% (AUTO)	0.3	%	(0-3)	Final	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104
Comments: --					
Performing Location Name/Address:					
VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104					

Lab Test:	HIV 1 by EIA		
Lab Type:	Chemistry/Hematology	Ordering Provider:	DEWEIL, LAWRENCE
Specimen:	Serum (substance)	Ordering Location:	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION
Date/Time Collected:	29 Jan 2016 @ 1516	Collected	VA NEW YORK

				Location:	HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION
Test Name	Result	Units	Reference Range	Status	Performing Location
HIV AB (ELISA)	NEGATIVE	--	(NEG/POS /EQU NEG/POS /EQU)	Final	VA NEW YORK HARBOR HEALTHCARE SYSTEM - NEW YORK DIVISION 423 EAST 23RD STREET , NEW YORK, NY 10010- 5011
Comments: --					
Performing Location Name/Address:					
VA NEW YORK HARBOR HEALTHCARE SYSTEM - NEW YORK DIVISION 423 EAST 23RD STREET , NEW YORK, NY 10010-5011					

Lab Test:		Comprehensive Met Panel			
Lab Type:		Chemistry/Hematology		Ordering Provider:	DEWEIL, LAWRENCE
Specimen:		Serum (substance)		Ordering Location:	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION
Date/Time Collected:		29 Jan 2016 @ 1516		Collected Location:	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION
Test Name	Result	Units	Reference Range	Status	Performing Location
GLUCOSE	88	mg/dl	(65-115)	Final	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104
UREA NITROGEN	16	mg/dl	(6-22)	Final	VA NEW YORK HARBOR HEALTHCARE

					SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104
CREATININE	0.9	mg/dl	(0.4-1.2)	Final	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104
Interpretation:	****Reference range prior to 3/28/06 was: 0.7-1.4mg/dl.*****				
SODIUM	138	mmol/L	(135-145)	Final	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104
POTASSIUM	4.0	mmol/L	(3.5-5.0)	Final	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104
CHLORIDE	102	mmol/L	(100-110)	Final	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104
CO2	28.0	mmol/L	(24-32)	Final	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800

					POLY PLACE , BROOKLYN, NY 11209-7104
CALCIUM	9.5	mg/dl	(8.4-10.2)	Final	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104
PROTEIN, TOTAL	7.6	g/dL	(6.4-8.2)	Final	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104
ALBUMIN	4.6	g/dL	(3.8-5.1)	Final	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104
TOT. BILIRUBIN	0.6	mg/dl	(.1-1.2)	Final	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104
ALKALINE PHOSPHATASE	65	U/L	(42-121)	Final	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104
SGOT	91 High	U/L	(10-42)	Final	VA NEW YORK HARBOR HEALTHCARE

SYSTEM -
BROOKLYN
DIVISION 800
POLY PLACE ,
BROOKLYN, NY
11209-7104

SGPT 87 High U/L (10-40) Final

VA NEW YORK
HARBOR
HEALTHCARE
SYSTEM -
BROOKLYN
DIVISION 800
POLY PLACE ,
BROOKLYN, NY
11209-7104

ANION GAP 8 mmol/L (3-11) Final

VA NEW YORK
HARBOR
HEALTHCARE
SYSTEM -
BROOKLYN
DIVISION 800
POLY PLACE ,
BROOKLYN, NY
11209-7104

EGFR 105 ml/min (>60) Final

VA NEW YORK
HARBOR
HEALTHCARE
SYSTEM -
BROOKLYN
DIVISION 800
POLY PLACE ,
BROOKLYN, NY
11209-7104

Interpretation: eGFR results >60 are imprecise. Many variables affect calculated eGFR. Interpretation of eGFR results >60 ml/min/1.73sqm must be monitored over time.

Comments: For eGFR: **eGFR not Calculated - Creatinine <=0**

Performing Location Name/Address:

VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104

Lab Test: PTH

Lab Type: Chemistry/Hematology

Ordering Provider: DEWEIL, LAWRENCE

Specimen: Serum (substance)

Ordering Location: VA NEW YORK
HARBOR
HEALTHCARE
SYSTEM -
BROOKLYN
DIVISION

Date/Time Collected: 29 Jan 2016 @ 1516				Collected Location:	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION
Test Name	Result	Units	Reference Range	Status	Performing Location
iPTH	36.9	pg/ml	(12-65)	Final	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104
Comments: For eGFR: **eGFR not Calculated - Creatinine <=0**					
Performing Location Name/Address: VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104					

Lab Test: Creatine Kinase (CK)					
Lab Type: Chemistry/Hematology				Ordering Provider:	DEWEIL, LAWRENCE
Specimen: Serum (substance)				Ordering Location:	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION
Date/Time Collected: 29 Jan 2016 @ 1516				Collected Location:	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION
Test Name	Result	Units	Reference Range	Status	Performing Location
CREATINE PHOSPHOKINASE (CPK)	2542 High	U/L	(38-174)	Final	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104
Interpretation: Before 9/23/96, reference range was 1-70 IU/L.					
Comments: For eGFR: **eGFR not Calculated - Creatinine <=0**					

Performing Location Name/Address:

VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104

Lab Test:		Vitamin D 25 Hydroxy			
Lab Type:		Chemistry/Hematology			Ordering Provider: DEWEIL, LAWRENCE
Specimen:		Serum (substance)			Ordering Location: VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION
Date/Time Collected:		29 Jan 2016 @ 1515			Collected Location: VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION
Test Name	Result	Units	Reference Range	Status	Performing Location
VITAMIN D,25-OH	29.8	ng/mL	(15-90)	Final	VA NEW YORK HARBOR HEALTHCARE SYSTEM - NEW YORK DIVISION 423 EAST 23RD STREET , NEW YORK, NY 10010-5011
Interpretation: Greater than 96 will be sent to LabCorp for actual value.					
Comments: --					
Performing Location Name/Address:					
VA NEW YORK HARBOR HEALTHCARE SYSTEM - NEW YORK DIVISION 423 EAST 23RD STREET , NEW YORK, NY 10010-5011					

Lab Test:		Arsenic			
Lab Type:		Chemistry/Hematology			Ordering Provider: DEWEIL, LAWRENCE
Specimen:		Blood (substance)			Ordering Location: VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION
Date/Time Collected:		29 Jan 2016 @ 1515			Collected Location: VA NEW YORK HARBOR HEALTHCARE SYSTEM -

				BROOKLYN DIVISION	
Test Name	Result	Units	Reference Range	Status	Performing Location
ARSENIC	4	ug/L	(2-23)	Final	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104
Comments:		LABCORP BURLINGTON, 1447 YORK COURT, BURLINGTON, NC 27215-3361 TEST PERFORMED BY LAB CORP, RARITAN,NJ 08869			
Performing Location Name/Address: VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104					

Lab Test:		Mercury			
Lab Type:		Chemistry/Hematology		Ordering Provider:	DEWEIL, LAWRENCE
Specimen:		Blood (substance)		Ordering Location:	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION
Date/Time Collected:		29 Jan 2016 @ 1515		Collected Location:	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION
Test Name	Result	Units	Reference Range	Status	Performing Location
MERCURY	NONE DETECTED	ug/L	(0.0-14.9)	Final	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104
Interpretation:		PRIOR TO 11/10/2008 REFERENCE RANGE FOR MERCURY,BLOOD WAS: 0.0 - 10 UG/ML			
Comments:					

LABCORP BURLINGTON, 1447 YORK COURT, BURLINGTON, NC 27215-3361 TEST PERFORMED BY LAB CORP, RARITAN,NJ 08869
Performing Location Name/Address: VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104

Lab Test:	Lead				
Lab Type:	Chemistry/Hematology	Ordering Provider:	DEWEIL, LAWRENCE		
Specimen:	Blood (substance)	Ordering Location:	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION		
Date/Time Collected:	29 Jan 2016 @ 1515	Collected Location:	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION		
Test Name	Result	Units	Reference Range	Status	Performing Location
LEAD	NONE DETECTED	ug/dl	(0-19)	Final	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104
Comments:	LABCORP BURLINGTON, 1447 YORK COURT, BURLINGTON, NC 27215-3361 TEST PERFORMED BY LAB CORP, RARITAN,NJ 08869				
Performing Location Name/Address: VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104					

Lab Test:	Folate				
Lab Type:	Chemistry/Hematology	Ordering Provider:	DEWEIL, LAWRENCE		
Specimen:	Serum (substance)	Ordering Location:	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION		

Date/Time Collected: 03 Jan 2014 @ 1516				Collected Location:	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION
Test Name	Result	Units	Reference Range	Status	Performing Location
FOLATE, SERUM	>24.00	ng/ml	(>3.0)	Final	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104
Interpretation: PRIOR TO 10/1/13 SERUM FOLATE REFERENCE RANGE WAS 2.3-13.5 NG/ML A serum folate conc of less than 3.1 ng/mL is considered to represent clinical deficiency.					
Comments: --					
Performing Location Name/Address:					
VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104					

Lab Test:		Vitamin B12			
Lab Type:		Chemistry/Hematology		Ordering Provider:	DEWEIL, LAWRENCE
Specimen:		Serum (substance)		Ordering Location:	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION
Date/Time Collected:		03 Jan 2014 @ 1516		Collected Location:	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION
Test Name	Result	Units	Reference Range	Status	Performing Location
VITAMIN B12	539	pg/ml	(210-920)	Final	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY

PLACE ,
BROOKLYN, NY
11209-7104

Comments: --

Performing Location Name/Address:

VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY
11209-7104

Lab Test: Thyroxine Free (FT4)

Lab Type: Chemistry/Hematology

Ordering
Provider: DEWEIL,
LAWRENCE

Specimen: Serum (substance)

Ordering
Location: VA NEW YORK
HARBOR
HEALTHCARE
SYSTEM -
BROOKLYN
DIVISION

Date/Time Collected: 03 Jan 2014 @ 1419

Collected
Location: VA NEW YORK
HARBOR
HEALTHCARE
SYSTEM -
BROOKLYN
DIVISION

Test Name	Result	Units	Reference Range	Status	Performing Location
FREE T-4	1.04	ng/dl	(0.8-2.7)	Final	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104

Comments: --

Performing Location Name/Address:

VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY
11209-7104

Lab Test: Glycohemoglobin HbA 1c

Lab Type: Chemistry/Hematology

Ordering
Provider: DEWEIL,
LAWRENCE

Specimen: Blood (substance)

Ordering
Location: VA NEW YORK
HARBOR
HEALTHCARE
SYSTEM -
BROOKLYN
DIVISION

Date/Time Collected: 03 Jan 2014 @ 1418

Collected VA NEW YORK

				Location:	HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION
Test Name	Result	Units	Reference Range	Status	Performing Location
HEMOGLOBIN A1C (NEW)	5.3	%	(4.6-6.5)	Final	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104
Interpretation: This test measures true Hemoglobin A1C level.					
Comments: --					
Performing Location Name/Address:					
VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104					

Lab Test:		Hemogram V			
Lab Type:		Chemistry/Hematology		Ordering Provider:	DEWEIL, LAWRENCE
Specimen:		Blood (substance)		Ordering Location:	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION
Date/Time Collected:		03 Jan 2014 @ 1418		Collected Location:	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION
Test Name	Result	Units	Reference Range	Status	Performing Location
WBC	6.66	K/cmm	(4.5-11.0)	Final	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104
RBC	5.56	M/cmm	(4.5-6)	Final	VA NEW YORK HARBOR

					HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104
HEMOGLOBIN	16.9	g/dL	(13-18)	Final	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104
HCT	48.8	%	(40-52)	Final	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104
MCV	87.8	cmu	(80-95)	Final	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104
MCH	30.4	uug	(27-33)	Final	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104
MCHC	34.6	gm/dL	(32-36)	Final	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800

					POLY PLACE , BROOKLYN, NY 11209-7104
RDW	12.3	%	(11.5-14.5)	Final	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104
PLT	195	K/cmm	(150-450)	Final	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104
MPV	11.7 High	CMU	(7.5-10.5)	Final	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104
LYMPHOCYTE% (AUTO)	23	%	(20-50)	Final	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104
MONONUCLEAR% (AUTO)	6.6	%	(2-12)	Final	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104
GRANULOCYTE% (AUTO)	67.2	%	(42-75)	Final	VA NEW YORK HARBOR HEALTHCARE

SYSTEM -
BROOKLYN
DIVISION 800
POLY PLACE ,
BROOKLYN, NY
11209-7104

MONONUCLEAR (AUTO) 0.44 K/cmm (.1-.6) Final

VA NEW YORK
HARBOR
HEALTHCARE
SYSTEM -
BROOKLYN
DIVISION 800
POLY PLACE ,
BROOKLYN, NY
11209-7104

LYMPHOCYTE (AUTO) 1.53 K/cmm (1.2-3.5) Final

VA NEW YORK
HARBOR
HEALTHCARE
SYSTEM -
BROOKLYN
DIVISION 800
POLY PLACE ,
BROOKLYN, NY
11209-7104

GRANULOCYTE (AUTO) 4.48 K/cmm (1.5-7.5) Final

VA NEW YORK
HARBOR
HEALTHCARE
SYSTEM -
BROOKLYN
DIVISION 800
POLY PLACE ,
BROOKLYN, NY
11209-7104

BASOPHIL (AUTO) 0.02 K/cmm (0.0-0.2) Final

VA NEW YORK
HARBOR
HEALTHCARE
SYSTEM -
BROOKLYN
DIVISION 800
POLY PLACE ,
BROOKLYN, NY
11209-7104

EOSINOPHIL (AUTO) 0.19 K/cmm (0.0-0.7) Final

VA NEW YORK
HARBOR
HEALTHCARE
SYSTEM -
BROOKLYN
DIVISION 800
POLY PLACE ,
BROOKLYN, NY
11209-7104

EOSINOPHIL% (AUTO)	2.9	%	(0-7)	Final	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104
BASOPHIL% (AUTO)	0.3	%	(0-3)	Final	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104
Comments: --					
Performing Location Name/Address: VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104					

Lab Test: Lipid Panel					
Lab Type: Chemistry/Hematology				Ordering Provider:	DEWEIL, LAWRENCE
Specimen: Serum (substance)				Ordering Location:	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION
Date/Time Collected: 03 Jan 2014 @ 1418				Collected Location:	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION
Test Name	Result	Units	Reference Range	Status	Performing Location
CHOLESTEROL	282 High	mg/dl	(150-200)	Final	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104
Interpretation: <200 desirable cholesterol; 200-239 borderline; 240 or greater undesirable!					

TRIGLYCERIDE	346 High	mg/dl	(35-160)	Final	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104
HDL	42.0	mg/dl	(35-60)	Final	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104
Interpretation: HDL values <40 are associated with an increased risk for coronary disease; HDL values >60 are considered beneficial.					
LDL	170 High	mg/dl	(<129)	Final	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104
Interpretation: *** Calculated LDL value is not valid if triglyceride level is >=400 ***					
Comments: --					
Performing Location Name/Address:					
VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104					

Lab Test:	Comprehensive Met Panel		
Lab Type:	Chemistry/Hematology	Ordering Provider:	DEWEIL, LAWRENCE
Specimen:	Serum (substance)	Ordering Location:	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION
Date/Time Collected:	03 Jan 2014 @ 1418	Collected Location:	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION

Test Name	Result	Units	Reference Range	Status	Performing Location
GLUCOSE	102	mg/dl	(65-115)	Final	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104
UREA NITROGEN	16	mg/dl	(6-22)	Final	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104
CREATININE	1.0	mg/dl	(0.4-1.2)	Final	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104
Interpretation:	****Reference range prior to 3/28/06 was: 0.7-1.4mg/dl.****				
SODIUM	139	mmol/L	(135-145)	Final	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104
POTASSIUM	4.3	mmol/L	(3.5-5.0)	Final	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104
CHLORIDE	104	mmol/L	(100-110)	Final	VA NEW YORK HARBOR HEALTHCARE

					SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104
CO2	32.0	mmol/L	(24-32)	Final	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104
CALCIUM	9.7	mg/dl	(8.4-10.2)	Final	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104
PROTEIN, TOTAL	7.8	mg/dL	(6.4-8.2)	Final	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104
ALBUMIN	5.1	gm/dl	(3.8-5.1)	Final	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104
TOT. BILIRUBIN	1.0	mg/dl	(.1-1.2)	Final	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104

ALKALINE PHOSPHATASE	69	U/L	(42-121)	Final	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104
SGOT	201 High	U/L	(10-42)	Final	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104
SGPT	288 High	U/L	(10-40)	Final	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104
ANION GAP	3	mmol/L	(3-11)	Final	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104
EGFR	94	ml/min	(>60)	Final	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104
Interpretation:	eGFR results >60 are imprecise. Many variables affect calculated eGFR. Interpretation of eGFR results >60 ml/min/1.73sqm must be monitored over time.				
Comments:		--			
Performing Location Name/Address:					

VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104

Lab Test: Vitamin B12			
Lab Type: Chemistry/Hematology		Ordering Provider:	DEWEIL, LAWRENCE
Specimen: Serum (substance)		Ordering Location:	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION
Date/Time Collected: 03 Jan 2014 @ 1418		Collected Location:	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION
Test Name	Result	Units	Reference Range
VITAMIN B12	539	pg/ml	(210-920)
		Status	Final
		Performing Location	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104
Comments: --			
Performing Location Name/Address:			
VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104			

Lab Test: Rapid Plasma Reagin			
Lab Type: Chemistry/Hematology		Ordering Provider:	DEWEIL, LAWRENCE
Specimen: Serum (substance)		Ordering Location:	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION
Date/Time Collected: 03 Jan 2014 @ 1418		Collected Location:	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION

Test Name	Result	Units	Reference Range	Status	Performing Location
RPR	NON-REACTIVE	R/NR	(REACTIVE/NON-REACTIVE/REACTIVE/NON-REACTIVE)	Final	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104
Interpretation: Normal= NON-REACTIVE					
Comments: --					
Performing Location Name/Address:					
VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104					

Lab Test:		Chloride			
Lab Type:		Chemistry/Hematology		Ordering Provider:	DEWEIL, LAWRENCE
Specimen:		Urine (substance)		Ordering Location:	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION
Date/Time Collected:		03 Jan 2014 @ 1418		Collected Location:	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION
Test Name	Result	Units	Reference Range	Status	Performing Location
CHLORIDE	74 Low	mmol/L	(110-250)	Final	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104
Comments: --					
Performing Location Name/Address:					
VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104					

Lab Test:		Potassium			
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Lab Type: Chemistry/Hematology				Ordering Provider: DEWEIL, LAWRENCE	
Specimen: Urine (substance)				Ordering Location: VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION	
Date/Time Collected: 03 Jan 2014 @ 1418				Collected Location: VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION	
Test Name	Result	Units	Reference Range	Status	Performing Location
POTASSIUM	96	mmol/L	(25-100)	Final	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104
Comments: --					
Performing Location Name/Address: VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104					

Lab Test:		Luteinizing Hormone			
Lab Type:		Chemistry/Hematology		Ordering Provider:	DEWEIL, LAWRENCE
Specimen:		Serum (substance)		Ordering Location:	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION
Date/Time Collected:		03 Jan 2014 @ 1418		Collected Location:	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION
Test Name	Result	Units	Reference Range	Status	Performing Location
LH	3.5	mIU/ml	(2-12)	Final	VA NEW YORK HARBOR HEALTHCARE

SYSTEM -
BROOKLYN
DIVISION 800
POLY PLACE ,
BROOKLYN, NY
11209-7104

Interpretation: NORMAL FOR FEMALES: FOLLICULAR PHASE 2-25 MIU/ML; MIDCYCLE PEAK 22-105;
LUTEAL PHASE 0.6-19; POSTMENOPAUSAL 16-64.

Comments: --

Performing Location Name/Address:

VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY
11209-7104

Lab Test: Follicle Stimulating Hormone

Lab Type: Chemistry/Hematology

Ordering
Provider: DEWEIL,
LAWRENCE

Specimen: Serum (substance)

Ordering
Location: VA NEW YORK
HARBOR
HEALTHCARE
SYSTEM -
BROOKLYN
DIVISION

Date/Time Collected: 03 Jan 2014 @ 1418

Collected
Location: VA NEW YORK
HARBOR
HEALTHCARE
SYSTEM -
BROOKLYN
DIVISION

Test Name

Result

Units

Reference
Range

Status

Performing
Location

FSH

3.4

mIU/ml

(1-12)

Final

VA NEW YORK
HARBOR
HEALTHCARE
SYSTEM -
BROOKLYN
DIVISION 800
POLY PLACE ,
BROOKLYN, NY
11209-7104

Interpretation: NORMAL RANGE FOR FEMALES IS: FOLLICULAR PHASE 3-20 MIU/ML; MIDCYCLE
PEAK
9-26; LUTEAL PHASE 1-12; POSTMENOPAUSAL 18-153
Male: 1.6 to 18.1 mIU/ml

Comments: --

Performing Location Name/Address:

VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY
11209-7104

Lab Test:		Prolactin			
Lab Type:		Chemistry/Hematology		Ordering Provider:	DEWEIL, LAWRENCE
Specimen:		Serum (substance)		Ordering Location:	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION
Date/Time Collected:		03 Jan 2014 @ 1418		Collected Location:	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION
Test Name	Result	Units	Reference Range	Status	Performing Location
PROLACTIN	8.9	ug/L	(3.0-19.0)	Final	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104
Interpretation:		Until 7/14/95, prolactin normal ranges were: male 0-20; female 0-25 ng/ml.			
Comments:		--			
Performing Location Name/Address:					
VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104					

Lab Test:		Testosterone			
Lab Type:		Chemistry/Hematology		Ordering Provider:	DEWEIL, LAWRENCE
Specimen:		Serum (substance)		Ordering Location:	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION
Date/Time Collected:		03 Jan 2014 @ 1418		Collected Location:	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION
Test Name	Result	Units	Reference Range	Status	Performing Location

TESTOSTERONE-BK	509.82	ng/dL	(270-1194)	Final	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104
Interpretation:	**PLEASE NOTE** Prior to 9/7/00 all Brooklyn testosterone results MUST be multiplied by 100. Adult males 20-49 years = 270-1194 ng/dL Adult males greater than 50years = 165 - 830 ng/dL Adult females ovulating = 11 - 83 ng/dL Adult females postmenopausal = 8 - 61 ng/dL				
Comments: --					
Performing Location Name/Address: VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104					

Lab Test:		Thyroid Stimulating Hormone			
Lab Type:		Chemistry/Hematology		Ordering Provider:	DEWEIL, LAWRENCE
Specimen:		Serum (substance)		Ordering Location:	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION
Date/Time Collected:		03 Jan 2014 @ 1418		Collected Location:	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION
Test Name	Result	Units	Reference Range	Status	Performing Location
TSH-BK	1.751	uIU/ml	(0.350-5.500)	Final	VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY 11209-7104
Interpretation:		Prior to 12/15/05 reference range was 0.47-6.9 uIU/ml			
Comments:		--			
Performing Location Name/Address:					

VA NEW YORK HARBOR HEALTHCARE SYSTEM - BROOKLYN DIVISION 800 POLY PLACE , BROOKLYN, NY
11209-7104

VA Pathology Reports

Source:	VA
Last Updated:	26 Feb 2025 @ 0956
<p>No information was available that matched your selection. However, if you recently had a VA pathology specimen collected, the reports may be available thirty-six (36) hours after they have been completed. Some studies done at a non-VA facility may not be available or they may not necessarily include an interpretation.</p> <p>Note: Your provider may not have had a chance to read your VA pathology reports. If you have any concerns about your reports, contact your health care team.</p>	

Self Reported Labs and Tests

Source: Self-Entered
No information was available that matched your selection.

VA Vitals and Readings

Source:	VA
Last Updated:	26 Feb 2025 @ 0956
VA Vitals and Readings displays your most recent record for each vital sign and health reading listed in your VA health record, grouped by the type of vital sign or health reading. Your Shared Vitals that are shared with your VA health care team will not display in this report. If you have any questions about your information, contact your VA health care team.	

This section shows your most recent record for each vital sign and health reading.		
Vital Sign or Health Reading	Measurement	Date/Time Collected
Blood Pressure	140/84 mm[Hg]	03 Mar 2018 @ 0853
Pulse Rate	84 /min	03 Mar 2018 @ 0853
Respiration	18 /min	03 Mar 2018 @ 0853
Temperature	98 F	03 Mar 2018 @ 0853
Pain Level	0	03 Mar 2018 @ 0853
Height	71 in	03 Mar 2018 @ 0853
Weight	241.8 lb	03 Mar 2018 @ 0853

This section shows all of the vital signs and health readings listed in your VA health record based on the dates you selected when you requested your VA Blue Button. They are grouped by the type of vital sign or health reading.	
Sorted By:	Type of Vital Sign or Health Reading, then Date/Time (Descending)

Vital Sign:	Blood Pressure
Measurement:	140/84 mm[Hg]
Comments:	--
Location:	Salisbury NC VAMC
Date/Time Collected:	03 Mar 2018 @ 0853

Vital Sign:	Blood Pressure
Measurement:	124/85 mm[Hg]
Comments:	--
Location:	Margaret Cochran Corbin VA Campus
Date/Time Collected:	28 Feb 2017 @ 1210

Vital Sign:	Blood Pressure
Measurement:	148/81 mm[Hg]
Comments:	--
Location:	Margaret Cochran Corbin VA Campus
Date/Time Collected:	29 Jan 2016 @ 1432

Vital Sign:	Blood Pressure
Measurement:	157/96 mm[Hg]

Comments:	--
Location:	Margaret Cochran Corbin VA Campus
Date/Time Collected:	29 Jan 2016 @ 1430

Vital Sign:	Blood Pressure
Measurement:	122/74 mm[Hg]
Comments:	--
Location:	Margaret Cochran Corbin VA Campus
Date/Time Collected:	10 Apr 2014 @ 1439

Vital Sign:	Blood Pressure
Measurement:	136/85 mm[Hg]
Comments:	--
Location:	Margaret Cochran Corbin VA Campus
Date/Time Collected:	13 Jan 2014 @ 1328

Vital Sign:	Blood Pressure
Measurement:	133/81 mm[Hg]
Comments:	--
Location:	Margaret Cochran Corbin VA Campus
Date/Time Collected:	26 Dec 2013 @ 1546

Vital Sign:	Blood Pressure
Measurement:	127/88 mm[Hg]
Comments:	--
Location:	Margaret Cochran Corbin VA Campus
Date/Time Collected:	22 Nov 2013 @ 0926

Vital Sign:	Temperature
Measurement:	98 F
Comments:	--
Location:	Salisbury NC VAMC
Date/Time Collected:	03 Mar 2018 @ 0853

Vital Sign:	Temperature
Measurement:	98.5 F
Comments:	--
Location:	Margaret Cochran Corbin VA Campus
Date/Time Collected:	28 Feb 2017 @ 1210

Vital Sign:	Temperature
Measurement:	99.1 F
Comments:	--
Location:	Margaret Cochran Corbin VA Campus
Date/Time Collected:	29 Jan 2016 @ 1430

Vital Sign:	Temperature
Measurement:	98.6 F
Comments:	--
Location:	Margaret Cochran Corbin VA Campus
Date/Time Collected:	10 Apr 2014 @ 1439

Vital Sign:	Temperature
Measurement:	98.3 F
Comments:	--
Location:	Margaret Cochran Corbin VA Campus
Date/Time Collected:	13 Jan 2014 @ 1328

Vital Sign:	Temperature
Measurement:	97.9 F
Comments:	--
Location:	Margaret Cochran Corbin VA Campus
Date/Time Collected:	26 Dec 2013 @ 1546

Vital Sign:	Temperature
Measurement:	98.2 F
Comments:	--
Location:	Margaret Cochran Corbin VA Campus
Date/Time Collected:	22 Nov 2013 @ 0926

Vital Sign:	Height
Measurement:	71 in
Comments:	--
Location:	Salisbury NC VAMC
Date/Time Collected:	03 Mar 2018 @ 0853

Vital Sign:	Height
Measurement:	70 in
Comments:	--
Location:	Margaret Cochran Corbin VA Campus
Date/Time Collected:	28 Feb 2017 @ 1253

Vital Sign:	Height
Measurement:	72 in
Comments:	--
Location:	Margaret Cochran Corbin VA Campus
Date/Time Collected:	29 Jan 2016 @ 1430

Vital Sign:	Height
Measurement:	72 in
Comments:	--

Location:	Margaret Cochran Corbin VA Campus
Date/Time Collected:	13 Jan 2014 @ 1328

Vital Sign:	Height
Measurement:	72 in
Comments:	--
Location:	Margaret Cochran Corbin VA Campus
Date/Time Collected:	22 Nov 2013 @ 0926

Vital Sign:	Pain Level
Measurement:	0
Comments:	--
Location:	Salisbury NC VAMC
Date/Time Collected:	03 Mar 2018 @ 0853

Vital Sign:	Pain Level
Measurement:	5
Comments:	--
Location:	Margaret Cochran Corbin VA Campus
Date/Time Collected:	28 Feb 2017 @ 1231

Vital Sign:	Pain Level
Measurement:	5
Comments:	--
Location:	Margaret Cochran Corbin VA Campus
Date/Time Collected:	28 Feb 2017 @ 1210

Vital Sign:	Pain Level
Measurement:	0
Comments:	--
Location:	Margaret Cochran Corbin VA Campus
Date/Time Collected:	29 Jan 2016 @ 1430

Vital Sign:	Pain Level
Measurement:	0
Comments:	--
Location:	Margaret Cochran Corbin VA Campus
Date/Time Collected:	10 Apr 2014 @ 1439

Vital Sign:	Pain Level
Measurement:	0
Comments:	--
Location:	Margaret Cochran Corbin VA Campus
Date/Time Collected:	13 Jan 2014 @ 1328

Vital Sign:	Pain Level
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Measurement:	0
Comments:	--
Location:	Margaret Cochran Corbin VA Campus
Date/Time Collected:	26 Dec 2013 @ 1546

Vital Sign:	Pain Level
Measurement:	0
Comments:	--
Location:	Margaret Cochran Corbin VA Campus
Date/Time Collected:	22 Nov 2013 @ 0926

Vital Sign:	Pulse Oximetry
Measurement:	97 %
Comments:	--
Location:	Salisbury NC VAMC
Date/Time Collected:	03 Mar 2018 @ 0853

Vital Sign:	Pulse Oximetry
Measurement:	98 %
Comments:	--
Location:	Margaret Cochran Corbin VA Campus
Date/Time Collected:	10 Apr 2014 @ 1439

Vital Sign:	Pulse Oximetry
Measurement:	99 %
Comments:	--
Location:	Margaret Cochran Corbin VA Campus
Date/Time Collected:	13 Jan 2014 @ 1328

Vital Sign:	Pulse Oximetry
Measurement:	99 %
Comments:	--
Location:	Margaret Cochran Corbin VA Campus
Date/Time Collected:	26 Dec 2013 @ 1546

Vital Sign:	Pulse Oximetry
Measurement:	97 %
Comments:	--
Location:	Margaret Cochran Corbin VA Campus
Date/Time Collected:	22 Nov 2013 @ 0926

Vital Sign:	Pulse Rate
Measurement:	84 /min
Comments:	--
Location:	Salisbury NC VAMC

Date/Time Collected: 03 Mar 2018 @ 0853

Vital Sign: Pulse Rate

Measurement: 87 /min

Comments: --

Location: Margaret Cochran Corbin VA Campus

Date/Time Collected: 28 Feb 2017 @ 1210

Vital Sign: Pulse Rate

Measurement: 90 /min

Comments: --

Location: Margaret Cochran Corbin VA Campus

Date/Time Collected: 29 Jan 2016 @ 1432

Vital Sign: Pulse Rate

Measurement: 92 /min

Comments: --

Location: Margaret Cochran Corbin VA Campus

Date/Time Collected: 29 Jan 2016 @ 1430

Vital Sign: Pulse Rate

Measurement: 76 /min

Comments: --

Location: Margaret Cochran Corbin VA Campus

Date/Time Collected: 10 Apr 2014 @ 1439

Vital Sign: Pulse Rate

Measurement: 78 /min

Comments: --

Location: Margaret Cochran Corbin VA Campus

Date/Time Collected: 13 Jan 2014 @ 1328

Vital Sign: Pulse Rate

Measurement: 82 /min

Comments: --

Location: Margaret Cochran Corbin VA Campus

Date/Time Collected: 26 Dec 2013 @ 1546

Vital Sign: Pulse Rate

Measurement: 78 /min

Comments: --

Location: Margaret Cochran Corbin VA Campus

Date/Time Collected: 22 Nov 2013 @ 0926

Vital Sign: Respiration

Measurement: 18 /min

Comments:	--
Location:	Salisbury NC VAMC
Date/Time Collected:	03 Mar 2018 @ 0853

Vital Sign:	Respiration
Measurement:	18 /min
Comments:	--
Location:	Margaret Cochran Corbin VA Campus
Date/Time Collected:	28 Feb 2017 @ 1210

Vital Sign:	Respiration
Measurement:	18 /min
Comments:	--
Location:	Margaret Cochran Corbin VA Campus
Date/Time Collected:	29 Jan 2016 @ 1430

Vital Sign:	Respiration
Measurement:	18 /min
Comments:	--
Location:	Margaret Cochran Corbin VA Campus
Date/Time Collected:	10 Apr 2014 @ 1439

Vital Sign:	Respiration
Measurement:	18 /min
Comments:	--
Location:	Margaret Cochran Corbin VA Campus
Date/Time Collected:	13 Jan 2014 @ 1328

Vital Sign:	Respiration
Measurement:	18 /min
Comments:	--
Location:	Margaret Cochran Corbin VA Campus
Date/Time Collected:	26 Dec 2013 @ 1546

Vital Sign:	Respiration
Measurement:	18 /min
Comments:	--
Location:	Margaret Cochran Corbin VA Campus
Date/Time Collected:	22 Nov 2013 @ 0926

Vital Sign:	Weight
Measurement:	241.8 lb
Comments:	--
Location:	Salisbury NC VAMC
Date/Time Collected:	03 Mar 2018 @ 0853

Vital Sign:	Weight
Measurement:	228 lb
Comments:	--
Location:	Margaret Cochran Corbin VA Campus
Date/Time Collected:	28 Feb 2017 @ 1253

Vital Sign:	Weight
Measurement:	228 lb
Comments:	--
Location:	Margaret Cochran Corbin VA Campus
Date/Time Collected:	28 Feb 2017 @ 1253

Vital Sign:	Weight
Measurement:	232 lb
Comments:	--
Location:	Margaret Cochran Corbin VA Campus
Date/Time Collected:	29 Jan 2016 @ 1430

Vital Sign:	Weight
Measurement:	220 lb
Comments:	--
Location:	Margaret Cochran Corbin VA Campus
Date/Time Collected:	10 Apr 2014 @ 1439

Vital Sign:	Weight
Measurement:	220 lb
Comments:	--
Location:	Margaret Cochran Corbin VA Campus
Date/Time Collected:	13 Jan 2014 @ 1328

Vital Sign:	Weight
Measurement:	220 lb
Comments:	--
Location:	Margaret Cochran Corbin VA Campus
Date/Time Collected:	22 Nov 2013 @ 0926

Self Reported Vitals & Readings

Source: Self-Entered
No information was available that matched your selection.

VA Radiology Reports

Source:	VA
Last Updated:	26 Feb 2025 @ 0956
Sorted By:	Date/Time Exam Performed (Descending)
VA Radiology Reports are available thirty-six (36) hours after they have been completed. Your VA provider may need more time to review the results. Some studies done at a non-VA facility may not be available or they may not necessarily include an interpretation. If you have any concerns about your reports, contact your VA health care team.	

Procedure/Test Name:	US SCROTUM
Date/Time Exam Performed:	16 Mar 2018 @ 1422
Ordering Location:	Salisbury NC VAMC
Requesting Provider:	SATHIRAJU,GOWRI
Reason for Study:	TESTICULAR ULTRASOUND
Performing Location:	Salisbury NC VAMC 1601 BRENNER AVE., SALISBURY 28144
Clinical History:	? VARICOCELE OF TESTSSIS
Radiologist:	KENNEDY,ROBERT

Report

Report:

Scrotal ultrasound

Comparison: None

Technique: Grayscale and color and spectral Doppler ultrasound of the testicles was performed.

Findings: There is normal flow to each testicle. Normal parenchymal echotexture. No focal mass. Small left varicocele with veins dilating to 0.34 cm with Valsalva. No hydrocele.

Right testicle measures 4.5 x 2.3 x 2.8 cm. Left testicle measures 4.5 x 2.1 x 2.8 cm.

Impression:

No evidence of torsion, epididymitis, orchitis, or focal mass.
Borderline small left varicocele.

Electronically Signed By: Robert Kennedy Electronically Signed
On: 3/16/2018 3:06 PM

Primary Diagnostic Code: NO ALERT REQUIRED

Procedure/Test Name:	X-RAY EXAM SPINE LUMBOSACRAL: TWO OR THREE VIEWS
Date/Time Exam Performed:	11 Sep 2017 @ 1348
Ordering Location:	Margaret Cochran Corbin VA Campus
Requesting Provider:	CRUZ,VINA
Reason for Study:	C/O CHRONIC LOW BACK PAIN R/O ARTHRITIS.
Performing Location:	Margaret Cochran Corbin VA Campus First Avenue and 24th Street, NEW YORK 10010
Clinical History:	Requestor's ext. COMP AND PEN Service:AMBULATORY CARE-BK Title:Attending Physician, C&P Responsible Attending: VINA S CRUZ, DO
Radiologist:	ACOSTA,ROBERT GEORGE

Report

Report:

AP and lateral views of the lumbar spine were obtained. No comparisons.

Findings:

No evidence of malalignment or an acute fracture. The vertebral body heights and disc spaces are well-maintained. The pedicles are intact. A small osteophyte is seen originating from the anterior/inferior aspect of T12.

Impression:

Very small amount of degenerative changes

Primary Diagnostic Code:

Procedure/Test Name:	SHOULDER 2 OR MORE VIEWS
Date/Time Exam Performed:	03 Jan 2014 @ 1441
Ordering Location:	Margaret Cochran Corbin VA Campus
Requesting Provider:	DEWEIL,LAWRENCE

Reason for Study:	pain
Performing Location:	Margaret Cochran Corbin VA Campus First Avenue and 24th Street, NEW YORK 10010
Clinical History:	Requestor's ext. 6546 Service:AMBULATORY CARE-BK Title:ATTENDING PHYSICIAN, AMBULATORY CARE BK Responsible Attending: deweil
Radiologist:	CHE,LIEN KUEI
Report	
<p>Report:</p> <p>Findings: 3 views of the left shoulder are submitted for review without comparison. There is no evidence of acute displaced fracture or dislocation. There is mild inferior displacement of the humeral head relative to the glenoid and cannot exclude a joint effusion.</p> <p>Impression:</p> <p>No evidence of acute bone pathology; mild inferior displacement of the humeral head relative to the glenoid cannot exclude a joint effusion</p> <p>Primary Diagnostic Code:</p>	

VA Electrocardiogram Historical Exam Dates

Source:	VA
Last Updated:	26 Feb 2025 @ 0956
VA Electrocardiogram (EKG) dates are no longer updated. No Information was available that matched your selection.	

Self Reported Family Health History

Source: Self-Entered
No information was available that matched your selection.

Self Reported Military Health History

Source: Self-Entered
No information was available that matched your selection.

Self Reported Activity Journal

Source: Self-Entered
No information was available that matched your selection.

Self Reported Food Journal

Source: Self-Entered
No information was available that matched your selection.

DoD Military Service Information

Source:	DoD
Last Updated:	26 Feb 2025 @ 0956

NOTES:

- 1) This report may not show your complete DoD Military Service Information. Data prior to establishment of DEERS and full service reporting (c. 1980) may not appear.
- 2) It is normal for the begin/end dates in DoD records, adjusted by the Personnel Center after separation, to vary slightly from the DD-214.
- 3) No peacetime deployments will be displayed. For Gulf War I, only one period will be displayed even if you deployed more than once. No conflict prior to Gulf War I will be displayed. Kosovo, Bosnia, and Southern Watch data is incomplete and may not display.
- 4) For Guard/Reserve, periods of active duty may not display. No periods of Active duty service less than 30 days will display.

-- Regular Active Service

Service	Begin Date	End Date	Character of Service	Rank
-----	-----	-----	-----	-----

-- Reserve/Guard Association Periods

Service	Begin Date	End Date	Character of Service	Rank
-----	-----	-----	-----	-----
Army Reserve	12/05/2008	07/23/2021	Unknown	SPC

-- Reserve/Guard Activation Periods

Service	Begin Date	End Date	Activated Under (Title 10, 32, etc.)
-----	-----	-----	-----
Army Reserve	07/11/2010	07/31/2010	Section 12301(d) of 10 U.S.C.
Army Reserve	09/17/2011	09/30/2011	Section 12301(d) of 10 U.S.C.
Army Reserve	10/01/2011	10/09/2011	Section 12301(d) of 10 U.S.C.
Army Reserve	11/08/2011	12/17/2012	Section 12302 of 10 U.S.C.
Army Reserve	07/12/2014	08/02/2014	Section 12301(b) of 10 U.S.C.
Army Reserve	08/07/2014	08/29/2014	Section 12301(d) of 10 U.S.C.
Army Reserve	08/05/2015	08/16/2015	Section 12301(b) of 10 U.S.C.
Army Reserve	07/08/2016	07/23/2016	Section 12301(b) of 10 U.S.C.
Army Reserve	03/08/2017	03/20/2017	Section 12301(d) of 10 U.S.C.
Army Reserve	08/05/2017	08/25/2017	Section 12301(b) of 10 U.S.C.
Army Reserve	11/20/2017	11/22/2017	Section 12301(d) of 10 U.S.C.
Army Reserve	07/12/2019	07/12/2019	Section 12301(b) of 10 U.S.C.
Army Reserve	07/12/2019	07/26/2019	Section 12301(b) of 10 U.S.C.
Army Reserve	07/09/2020	07/13/2020	Section 12301(b) of 10 U.S.C.
Army Reserve	08/09/2020	08/09/2020	Section 12301(b) of 10 U.S.C.
Army Reserve	06/06/2021	06/19/2021	Section 12301(b) of 10 U.S.C.

-- Deployment Periods

Service	Begin Date	End Date	Conflict	Location
-----	-----	-----	-----	-----
Army Reserve	12/24/2011	01/04/2012	Post-9/11	Afghanistan
Army Reserve	01/05/2012	01/08/2012	Post-9/11	Afghanistan
Army Reserve	01/09/2012	01/12/2012	Post-9/11	Afghanistan
Army Reserve	01/13/2012	01/26/2012	Post-9/11	Afghanistan
Army Reserve	01/27/2012	02/01/2012	Post-9/11	Afghanistan

Army Reserve	02/02/2012	02/12/2012	Post-9/11	Afghanistan
Army Reserve	02/13/2012	02/27/2012	Post-9/11	Afghanistan
Army Reserve	02/28/2012	03/16/2012	Post-9/11	Afghanistan
Army Reserve	03/17/2012	03/17/2012	Post-9/11	Afghanistan
Army Reserve	03/18/2012	03/21/2012	Post-9/11	Afghanistan
Army Reserve	03/22/2012	04/05/2012	Post-9/11	Afghanistan
Army Reserve	04/06/2012	04/12/2012	Post-9/11	Afghanistan
Army Reserve	04/13/2012	04/14/2012	Post-9/11	Afghanistan
Army Reserve	04/15/2012	04/22/2012	Post-9/11	Afghanistan
Army Reserve	04/23/2012	04/24/2012	Post-9/11	Afghanistan
Army Reserve	04/25/2012	06/12/2012	Post-9/11	Afghanistan
Army Reserve	06/13/2012	06/13/2012	Post-9/11	Kuwait
Army Reserve	06/14/2012	07/03/2012	Post-9/11	Unknown Depl
Army Reserve	07/04/2012	07/06/2012	Post-9/11	Kuwait
Army Reserve	07/07/2012	07/07/2012	Post-9/11	Unknown Depl
Army Reserve	07/08/2012	07/11/2012	Post-9/11	Afghanistan
Army Reserve	07/12/2012	08/01/2012	Post-9/11	Afghanistan
Army Reserve	08/02/2012	08/19/2012	Post-9/11	Afghanistan
Army Reserve	08/20/2012	09/16/2012	Post-9/11	Afghanistan
Army Reserve	09/17/2012	09/23/2012	Post-9/11	Afghanistan
Army Reserve	09/24/2012	10/12/2012	Post-9/11	Afghanistan
Army Reserve	10/13/2012	10/16/2012	Post-9/11	Afghanistan
Army Reserve	10/17/2012	10/26/2012	Post-9/11	Afghanistan
Army Reserve	10/27/2012	10/28/2012	Post-9/11	Afghanistan
Army Reserve	10/29/2012	10/29/2012	Post-9/11	Unknown Depl

-- DoD MOS/Occupation Codes

-- Note: Both Service and DoD Generic codes may not be present in all records

Service	Begin Date	Enl/Off	Type	Svc Occ Code	DoD Occ Code
Army Reserve	12/05/2008	Enlisted	Primary	21W002S	950
Army Reserve	12/05/2008	Enlisted	Duty	21W10	712
Army Reserve	01/13/2009	Enlisted	Primary	21W00C2	950
Army Reserve	01/21/2009	Enlisted	Primary	21W00H8	950
Army Reserve	01/26/2009	Enlisted	Primary	21W00Y2	950
Army Reserve	01/29/2009	Enlisted	Primary	21W007D	950
Army Reserve	01/29/2009	Enlisted	Duty	21W00	950
Army Reserve	01/30/2009	Enlisted	Primary	21W00Y2	950
Army Reserve	02/17/2009	Enlisted	Duty	21W10	712
Army Reserve	02/28/2009	Enlisted	Primary	21W00Y1	950
Army Reserve	04/14/2009	Enlisted	Primary	21W009U	950
Army Reserve	04/30/2009	Enlisted	Primary	21W00Y1	950
Army Reserve	05/31/2009	Enlisted	Primary	21W10Y1	712
Army Reserve	07/20/2009	Enlisted	Primary	21W10Y2	712
Army Reserve	07/31/2009	Enlisted	Primary	21W10Y1	712
Army Reserve	05/14/2010	Enlisted	Primary	21W105J	712
Army Reserve	06/16/2010	Enlisted	Primary	21W10Y2	712
Army Reserve	06/30/2010	Enlisted	Primary	21W10Y1	712
Army Reserve	07/13/2010	Enlisted	Primary	21W10N7	712
Army Reserve	08/03/2010	Enlisted	Primary	21W105W	712
Army Reserve	08/23/2010	Enlisted	Primary	21W102S	712
Army Reserve	08/23/2010	Enlisted	Duty	12W10	712
Army Reserve	08/31/2010	Enlisted	Primary	21W10Y1	712
Army Reserve	10/01/2010	Enlisted	Primary	21W102S	712
Army Reserve	10/31/2010	Enlisted	Primary	12W10Y1	712
Army Reserve	02/17/2011	Enlisted	Primary	12W102S	712
Army Reserve	06/02/2011	Enlisted	Primary	12W10C2	712
Army Reserve	06/30/2011	Enlisted	Primary	12W10Y1	712
Army Reserve	09/14/2011	Enlisted	Primary	12W10P5	712

Service	Begin Date	End Date	Military Pay Type	Location
Army Reserve	11/08/2011		Enlisted Primary	12W10Y2 712
Army Reserve	11/30/2011		Enlisted Primary	12W10Y1 712
Army Reserve	12/11/2012		Enlisted Primary	12W10C2 712
Army Reserve	12/31/2012		Enlisted Primary	12W10Y1 712
Army Reserve	01/16/2013		Enlisted Primary	12W104R 712
Army Reserve	01/31/2013		Enlisted Primary	12W10Y1 712
Army Reserve	10/29/2013		Enlisted Primary	12W108R 712
Army Reserve	10/29/2013		Enlisted Duty	12W108R 712
Army Reserve	11/04/2013		Enlisted Duty	12W10 712
Army Reserve	11/30/2013		Enlisted Primary	12W10Y1 712
Army Reserve	01/30/2014		Enlisted Primary	12W108R 171200
Army Reserve	01/30/2014		Enlisted Duty	12W10 171200
Army Reserve	02/06/2014		Enlisted Primary	12W109U 171200
Army Reserve	02/28/2014		Enlisted Primary	12W10Y1 171200
Army Reserve	07/02/2014		Enlisted Primary	12W10 171200
Army Reserve	12/31/2019		Enlisted Primary	12W1 171200
Army Reserve	12/31/2019		Enlisted Duty	12W1 171200
Army Reserve	02/12/2020		Enlisted Primary	12W10 171200
Army Reserve	02/12/2020		Enlisted Duty	12W10 171200

-- Military/Combat Pay Details

Service	Begin Date	End Date	Military Pay Type	Location
Army Reserve	01/01/2012	10/31/2012	01	AF
Army Reserve	01/01/2012	10/31/2012	02	AF

-- Separation Pay Details

Service	Begin Date	End Date	Separation Pay Type
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-- Retirement Periods

Service	Begin Date	End Date	Retirement Type	Rank
Army	07/24/2021		E	SPC

-- DoD Retirement Pay

Service	Begin Date	End Date	Dsblty %	Pay Stat	Term Rsn	Stop Pay Rsn
Army G	07/24/2021	07/24/2021	100	3	S	
Army G	12/01/2021	07/24/2021	100	3	S	
Army G	12/01/2022	07/24/2021	100	3	S	
Army G	12/01/2023	07/24/2021	100	3	S	
Army G	12/01/2024	07/24/2021	100	3	S	

Translations of Codes Used in this Section:

Service Occupation Codes

12W	Enlisted	Carpentry an
21W	Enlisted	Carpentry an

DoD Occupation Codes

950	Enlisted	
712	Enlisted	
171200	Enlisted	Woodworking

Military Pay Type Code

01 Combat Zone Tax Exclusion (CZTE)
02 Hostile Fire/Imminent Danger
03 Hazardous Duty incentive

Separation Pay Type Code

01 Separation Pay
02 Readjustment Pay
03 Non-Disability Severance Pay
04 Disability Severance Pay
05 Discharge Gratuity
06 Death Gratuity
07 Special Separation Benefit
08 Voluntary Separation Incentive Pay
09 Voluntary Separation Pay (VSP)
10 Contract Cancellation Pay and Allowances
11 Separation Pay Recoupment
12 Severance Pay Recoupment

Retirement Type Code

A Mandatory
B Voluntary
C Fleet Reserve
D Temporary Disability Retirement List
E Permanent Disability Retirement List
F Title III
G Special Act
H Philippine Scouts
Z Unknown

Retired Pay Status Code

1 Receiving retired pay
2 Eligible, not receiving pay
3 Eligible, not receiving direct SBP remittance
4 Terminated
5 Suspended

Retired Pay Termination Reason Code

C Pay condition terminated
S Pay terminated for the reason reported in the Stop Payment Reason Code
W Not terminated

Stop Payment Reason Code

A Member died
B Recalled to Active Duty
C Removed from TDRL, returned to Active Duty
D Removed from TDRL, returned to Civilian
E Pay suspended, failure to report for TDRL physical
F Civil Service retirement waiver
G VA compensation waiver
H Dual compensation, pay cap offset
J Refused retired pay
K Pay suspended, whereabouts unknown
L Suspected death
M Pay suspended, miscellaneous
Z Not applicable

Self Reported My Goals: Current Goals

Source:	Self-Entered
Sorted By:	Priority, then by Goal Start Date (Descending)
There is no longer a 'My Goals' feature. Your Blue Button report shows the goals you set and finished.	
ALL CURRENT GOALS - SUMMARY LIST (BY PRIORITY)	
None Entered	

Self Reported My Goals: Completed Goals

Source:	Self-Entered
Sorted By:	Date Goal Completed (Descending)
There is no longer a 'My Goals' feature. Your Blue Button report shows the goals you set and finished.	

COMPLETED GOALS - SUMMARY LIST (BY DATE GOAL COMPLETED)
None Entered

END OF MY HEALTHEVET PERSONAL INFORMATION REPORT

EXHIBIT D

Henry Velez

Brentwood, CA 94513

(347) 806-1700

Henry.Velez@live.com

February 18, 2025

Dear Honorable Judge Ruiz,

I am writing to you today in support of my little brother, Carlos Velez, who has been a significant figure in my life and the lives of all of those around him. With the most profound respect, I respectfully request that you consider Carlos' full character, his history, and the hardships he has endured and overcome in deciding his sentencing. I firmly believe that understanding his background will provide valuable insight into the individual he truly is.

Carlos was raised in poverty in a tough neighborhood of Queens, New York, during a violent time. He often faced circumstances that would be difficult for anyone to overcome. He was exposed to things no child should have seen. Growing up, he was exposed to challenges that could have easily shaped a life of hardship, but Carlos showed incredible strength and resilience. From an early age, he took on the responsibility of being a loving son and brother. As his siblings (two older sisters and older brother) left home, he stayed at our parents' side, caring for them as they aged despite the numerous struggles that surrounded him. Carlos' commitment to his family extended far beyond the role of sibling and son.

In 2008, Carlos enlisted in the U.S. Army, serving his country with honor. During his deployment to Afghanistan, Carlos witnessed unimaginable tragedy and loss. The trauma of those experiences stayed with him long after his return, but he used that pain as a stepping stone to building a better life. He began a family of his own with his loving wife, Kimberly, and together, they raised two beautiful children, Dylan and Arya. Carlos

is an exceptional father who loves, supports, and guides his children, always striving to be a positive role model and loving father.

In addition to his family life, Carlos is an outstanding friend; he is known for his kindness, compassion, and willingness to help anyone who needs it, whether they ask for his help or not. He has always and will always go above and beyond to support anyone. Growing up with Carlos by my side helped shape who I am today. That is because he was always positive and can make us smile no matter what the circumstance. I owe a lot to my brother and know him as a good man.

While no one is perfect, he is a man who has faced countless challenges, both personal and professional, yet remains grounded in his values of love, family, and compassion for others. His past mistakes should not overshadow the outstanding brother, friend, husband, and loving father he has been. He has made contributions to his community and the lives of others that speak to his character and his desire to improve himself and those around him.

I respectfully ask that you please consider all of the above when considering his case and please show leniency in your decision. I know Carlos has learned from his mistakes and is committed to making better choices going forward. His family, his community, all of us believe in him and the goodness he continues to offer this world.

Thank you for your time and your consideration of this letter. I know you have a difficult job, but pray that you will take these circumstances into account as you deliberate.

Sincerely,

Henry Velez

Carlos' older brother

JARED ZEAMER

50 N Clay St

Manheim PA 17545

(717)601-9863

Jared.zeamer@yahoo.com

To Whom It May Concern,

I am writing to offer my highest recommendation for the character of Carlos Velez. I had the honor of serving alongside Velez in Afghanistan, and during our time together, he consistently demonstrated the qualities that make him an outstanding person and an invaluable teammate.

Velez exemplified the core values of honor, loyalty, and integrity in all aspects of his service. His commitment to our mission and his team was unwavering, even in the face of some of the most challenging and dangerous conditions. He was always the first to volunteer when there was a difficult task at hand, and his dedication to his duties was apparent every day.

His honesty and trustworthiness were central to the strength of our team. Carloz was the type of person you could always rely on, whether it was for guidance, support, or simply keeping his word. His ability to build and maintain trust within the team was remarkable, and it was clear to everyone around him that he was someone who could always be counted on.

Additionally, Velez had a work ethic that was nothing short of exemplary. He approached every task, no matter how big or small, with the same level of determination and thoroughness. His attention to detail and his focus on doing the job right, the first time, set the standard for those around him.

In summary, Carloz Velez is a person of remarkable character. He is honorable, loyal, hardworking, and trustworthy. It was a privilege to serve alongside him, and I am confident that he will continue to excel and inspire those fortunate enough to work with him. I consider Velez one of the best men I served with and trust him with my life.

If you have any further questions or would like additional information, please do not hesitate to contact me. We have known each other for over 12 years and I consider this man an American hero based off our service together.

Sincerely,

Jared Zeamer

Sgt USAR 2007-2018



Jose R. Garcia

6658 Apollos Gate Ct

Las Vegas, NV

Jose@thehomenv.co

m (702)481-2942

3-12-2025

To Whom It May Concern,

I am honored to write this character witness letter on behalf of my close friend, Carlos Velez, whom I have had the privilege of knowing for over 15 years. Over the course of our long friendship, we have shared many experiences, including living together at one point, which allowed me to witness firsthand his integrity, kindness, and unwavering sense of responsibility.

Carlos Velez has always demonstrated the highest moral character, both in his personal and professional life. As a dedicated husband and father, he prioritizes his family's well-being and is an incredible role model to those around him. His selflessness and commitment to his loved ones are truly admirable.

Additionally, Carlos Velez has served honorably in the Army Reserves, showcasing his dedication to his country and his ability to uphold values such as discipline, service, and leadership. His military service is a testament to his strong work ethic and reliability, qualities that extend into every aspect of his life.

Throughout the years, I have known Carlos Velez to be a man of honesty, compassion, and unwavering loyalty. He is someone who consistently lends a helping hand to those in need and carries himself with dignity and respect. I can say with absolute confidence that he is a person of outstanding character, and I fully stand by him in any capacity necessary.

Please feel free to contact me if you require any additional information.

Sincerely,

Jose R. Garcia

Exp Realty

Lic#0194374

I am writing this letter on behalf of my best friend and business partner, Carlos Velez, to provide insight into his character. I have had the privilege of knowing Carlos for 5 years, and in that time, he has become more than just a friend, he is like a brother to me.

Carlos is a committed and diligent professional who serves as both my accountant and business partner. He plays a crucial role in our business, consistently managing our financial matters with integrity and accuracy. In addition to his professional skills, Carlos is a thoughtful, reliable, and caring individual who places great importance on his relationships with family, friends, and colleagues.

The recent charge does not align with the person I know Carlos to be. He has always shown a deep sense of responsibility and reliability. I truly believe this was an unfortunate slip in judgment, not a reflection of his true character. Carlos has expressed genuine regret for his actions. I have every confidence that he will learn from this and emerge a stronger, more mindful individual moving forward.

I respectfully ask that you consider Carlos' overall character, work ethic, and the positive impact he has on those around him as you evaluate his case. I am confident that he will learn from this and continue to be the mindful person I know him to be.

Thank you for your time and consideration. Please feel free to contact me if you require any further information.

Sincerely,
Joseph Tzavaras

Michael Sandberg
6658 Quiet Wave Trail Unit 65
Boca Raton, FL 33433
(914) 309-9735
michael.n.sandberg.mil@army.mil

May 29, 2025

To Whom It May Concern:

I first met Carlos in 2009 while we were both serving in the U.S. Army Reserve, assigned to engineer units. I had joined the Army shortly after September 11, 2001, having been present at the World Trade Center that morning while working with Deloitte. I was fortunate to return home safely. When I commissioned as an officer, Carlos was one of the early enlisted Soldiers I came to know and trust. At the time, he was juggling family responsibilities, academic coursework, and Reserve service, all while stepping up to support some of our most troubled junior Soldiers.

I watched Carlos complete his undergraduate Accounting degree—an academically rigorous program, second only perhaps to Engineering and Physical Sciences. I found him to be sincere, self-disciplined, and someone who understood the meaning of integrity under pressure.

Recently, Carlos shared with me the deeply troubling situation he is now facing. I do not have first-hand knowledge of the specific facts, and I do not seek to minimize the seriousness of the alleged conduct. However, I can say with complete honesty that Carlos has never, in the years I've known him, demonstrated behavior that would suggest deceit, dishonesty, or criminal intent. I know him as one of the good guys.

When he explained what had happened, that he may have inadvertently facilitated money laundering by a criminal enterprise, I recall my first thought was, "Thank God that wasn't me." That reaction wasn't one of judgment but rather a reflection of how vulnerable honest professionals can be in environments where cash reporting is difficult to regulate—particularly in Florida, which has the largest cash-based economy in the United States as a percentage of total transactions. I have spent my career in institutional finance, and even I am aware of the unique challenges that small businesses in Florida face, especially in equity-related structures where transparency is harder to enforce.

When I asked Carlos—without prompting—if the cash in question had been represented as an equity transaction, he nodded and then broke down in tears. That moment did not strike me as someone trying to avoid responsibility. It was a man overwhelmed by the realization of the consequences of his mistake.

Did he make a terrible error in judgment? Yes. Was it intentional criminal behavior? Based on my long and personal knowledge of him, I do not and cannot believe that it was. He has always been honest, hardworking, and selfless. He has not had an easy path - he has had struggles, but he has never had struggles of this nature, on ethics, in the time I have known him.

I am willing to appear in court if necessary to speak to Carlos's character. I hope this letter serves as a sincere and credible account of the man I have known for more than fifteen years—one who, in my view, does not deserve to be defined solely by a single lapse, however serious.

sincere, self-disciplined, and someone who understood the meaning of integrity under pressure.

Recently, Carlos shared with me the deeply troubling situation he is now facing. I do not have first-hand knowledge of the specific facts, and I do not seek to minimize the seriousness of the alleged conduct. However, I can say with complete honesty that Carlos has never, in the years I've known him, demonstrated behavior that would suggest deceit, dishonesty, or criminal intent. I know him as one of the good guys.

When he explained what had happened, that he may have inadvertently facilitated money laundering by a criminal enterprise, I recall my first thought was, "Thank God that wasn't me." That reaction wasn't one of judgment but rather a reflection of how vulnerable honest professionals can be in environments where cash reporting is difficult to regulate—particularly in Florida, which has the largest cash-based economy in the United States as a percentage of total transactions. I have spent my career in institutional finance, and even I am aware of the unique challenges that small businesses in Florida face, especially in equity-related structures where transparency is harder to enforce.

When I asked Carlos—without prompting—if the cash in question had been represented as an equity transaction, he nodded and then broke down in tears. That moment did not strike me as someone trying to avoid responsibility. It was a man overwhelmed by the realization of the consequences of his mistake.

Did he make a terrible error in judgment? Yes. Was it intentional criminal behavior? Based on my long and personal knowledge of him, I do not and cannot believe that it was. He has always been honest, hardworking, and selfless. He has not had an easy path - he has had struggles, but he has never had struggles of this nature, on ethics, in the time I have known him.

I am willing to appear in court if necessary to speak to Carlos's character. I hope this letter serves as a sincere and credible account of the man I have known for more than fifteen years—one who, in my view, does not deserve to be defined solely by a single lapse, however serious.

Respectfully,

Michael Sandberg

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FIRE DEPARTMENT
9 Metrotech Center Brooklyn, N.Y. 11201-3857
BUREAU OF LEGAL AFFAIRS

February 24, 2025

Dear
Re: Letter of Good Character for Carlos Velez

As a Deputy Chief in the New York City Fire Dept. and United States Army combat veteran, I have had the pleasure and honor of not only serving with and supervising Carlos Velez, but also building a friendship strong enough to call him a brother (no relation). I have personally known Carlos Velez since 2005, we served together in Afghanistan in 2011-2012 and have remained friends since. Although I live in New York, I have property in Florida which Carlos helps me manage from time to time. I tend to see Carlos every month and I speak to him at least two to three times a week.

While working with and supervising him I have watched him grow professionally into a soldier/civilian of good character and moral. Even with a language barrier while in Afghanistan, Carlos conducted himself as a professional and always made the right decisions where they counted the most, while dealing with locals on and off base. The one thing that always stood out to me was his integrity and the ability to not only correct his mistakes but to always stay on the right path. I can say he is and was a role model soldier/civilian. When the moral was down, he always found a way to get everyone up and in their spirits.

I can say that Carlos is an exception gentleman, friend, brother, and family man which I hold up to the highest respects and standards. Unfortunately, at times words are not enough to describe the character of a person. In my opinion you can't judge a person's character until you sit down with them and get to know them on a one-on-one basis, as I have with Carlos.

"Don't judge someone's story by the chapter you walked in on."
-Unknown

Regards,

Stephen M. Velez
Code Development Coordinator/ Deputy Chief Inspector
FDNY Legal Affairs/ Code Development Unit/ BSA Representative
9 Metro Tech Center,
Brooklyn, NY 11201



To Whom It May Concern,

I've had the privilege of knowing Carlos Velez not just as my brother in law but family, as a man he strived every day to break generational cycles and provide a better life for his children. Like many of us who didn't grow up with much, he's carried the deep desire to give his family everything he never had. That drive is what fuels his work as a small business owner, a devoted husband, and a hands-on father. He's always talked about how he learned from watching his older siblings who have all served their country—both their struggles and strengths—and now he's doing his best to pass those lessons down to the next generation.

While he recently made a mistake, I've seen the way it's impacted him. He's not someone who runs from accountability; instead, he's using this experience as a wake-up call, determined to grow and not let this define him. He talks often about how it's not where you come from that matters—it's where you're going—and I believe this moment is pushing him to become even more of the man he wants to be for his family and community.

I truly believe he's learning from this and will come out stronger, wiser, and even more committed to doing things the right way.

Thank you,

Jahmal Nicholas

To Whom It May Concern,

I am writing this letter on behalf of my brother, Carlos Velez, to speak to his character and the kind of man he truly is. He is a devoted husband and father of two, a great younger brother, loyal friend, and a man of faith who holds strong values rooted in responsibility and service. He proudly served our country in the military, and like many veterans, he carries the weight of that experience in the form of PTSD. Along with the fact we did not have the best upbringing. Despite this, he has always strived to be present for his family, to run his small business with integrity, and to be a positive example to those around him.

While he has recently made a poor decision that brought him into trouble with the law, I can say with confidence that this action does not define who he is. He has taken full accountability and expressed deep regret. I've seen a genuine change in his mindset, and he is committed to learning from this mistake and growing beyond it. This experience has humbled him and reminded him of what's at stake—not only for himself but for his wife, his children, and his future.

My brother is not perfect, but he is resilient, responsible, and deeply committed to becoming a better man. I believe in him and Love him wholeheartedly and ask for compassion and understanding as he continues on this path of redemption and personal growth. Thank you for taking the time to consider this letter and the character of the man behind the misstep.

Sincerely,

Shirley Velez Nicholas

July 30, 2025

To whom it May Concern,

I am writing this letter to offer my heartfelt character reference letter for Carlos Velez, whom I have had the pleasure of knowing since 2004. We grew up together as children, and over the years, Carlos has proven to be a loyal and dependable friend.

Carlos is a deeply family-oriented individual, having been raised in a close-knit household with his parents and siblings. He carries those values with him to this day. From a young age, he has always displayed a strong sense of responsibility and dedication. His decision to join the military and pursue an education was driven by his desire to provide a stable and secure future for his loved ones.

Carlos married my best friend, and together they have built a beautiful family with two children. As a husband and father, Carlos is loving and supportive. He is also a devoted son and brother, always present and willing to help his family any way he can. What stands out the most about Carlos is his genuine character. He is caring, respectful, and consistently puts others before himself. He has a pillar of support not only for his family but also for those of us to call him a friend. His kindness, humor, and trustworthiness have made a lasting impact on everyone around him.

In closing, I sincerely hope you take this letter into consideration for any judgement regarding Carlos Velez. We have all made mistakes, and like any of us, Carlos is human. However, his character, dedication to his family, and the values he upholds speak volumes about the kind of man he is. I respectfully ask that all of this be considered to ensure he does not miss out on any precious time with his family, who depend on him and love him deeply.

Sincerely,

Viviana Aguilar

347-613-9037